

ANKLE AND FOOT HISTORY

NAME:

DATE:

WHERE IS YOUR PROBLEM?

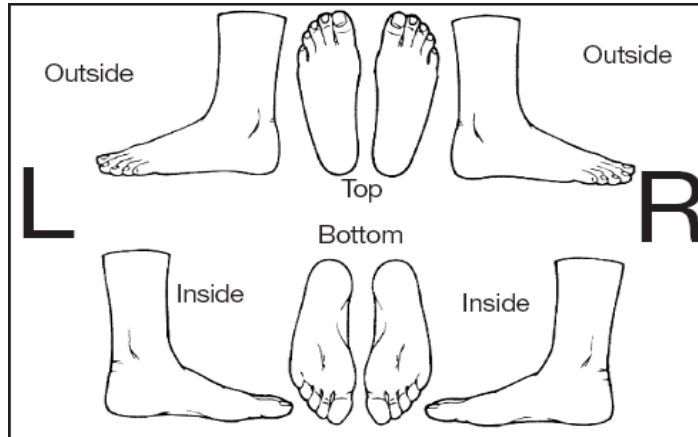
(ex. Big toe, ankle, midfoot etc)

RIGHT

LEFT

**MARK SPECIFICALLY WHERE
YOUR PROBLEM IS WORST --->**

**PLEASE LIST AREAS OTHER THAN
FOOT AND ANKLE THAT HURT:**



CIRCLE ALL THAT APPLY	X	WHICH IS MOST BOTHERSOME?
Pain		
Tingling		
Numbness		
Warmth		
Redness		
Deformity		
Ulcer or Sore		
Collapsing Arch		
Catching		
Grinding		
Instability / Give way		
Limping		
Locking		
Weakness		
Other		
Nothing definite		

HOW LONG HAS THIS BOTHERED YOU: _____ weeks / months / years

INJURY DATE: __/__/__

DESCRIPTION OF EVENTS LEADING UP TO THIS PROBLEM:

The symptoms began: Suddenly Intermittently Gradually
The symptoms are: Constant Intermittent Predictable Unpredictable
The symptoms are worst: Mornings During the day Starting after rest
 Activity related End of the day Wakes from sleep Other:
The symptoms are: Minor Moderate Severe
The symptoms are: Improving Gradually / Rapidly worsening Unchanged

HAVE YOU EVER EXPERIENCED A SIMILAR PROBLEM?

CIRCLE ALL THAT APPLY

DESCRIBE THE NATURE OF YOUR SYMPTOMS:

Aching
 Burning
 Dull
 Numbness
 Pulling
 Sharp
 Shooting
 Sore
 Stabbing
 Tearing
 Throbbing
 Other:

WHAT AGGRAVATES YOUR SYMPTOMS?

Direction changes
 Jumping
 Hard Stops
 Quick Starts
 Running
 Standing
 Sports
 Walking
 Walking Barefoot
 Other activity:
 Dress Shoes
 Hard Surfaces
 Uneven ground
 Nothing definite
 Other surface:

WHAT IMPROVES YOUR SYMPTOMS?

Rest
 Walking Barefoot
 Limping
 Avoiding Sports
 Wearing Shoes
 Ice
 Elevation
 Stretching
 Compressive Wrap
 Shoe Modification
 Shoe Inserts
 Brace
 Cast or Boot
 Other:
 Nothing definite
 Medication:

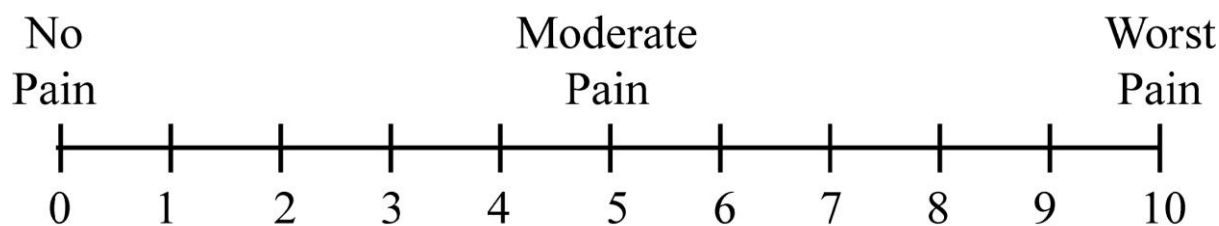
WHAT PAST TREATMENTS HAVE YOU ATTEMPTED?

Physical Therapy Medication Surgery, please describe:
 Chiropractor (D.C.) Podiatrist (DPM)

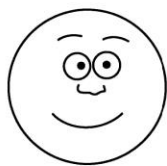
WHAT TESTS HAVE BEEN ORDERED FOR THIS PROBLEM?

XR MRI CT EMG/NCS Bone Scan

WHEN?



0



2



4



6



8



10

Circle the number or face to show where your pain intensity is located

