



Family Footcare, PC

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New Chief Complaint

Reason for Today's Visit

Date:

Patient Name:

Problem:

Location:

When did it start?

Mode of onset? Acute Chronic

Timing of pain: Constant Morning Night As day goes on Activity related With walking
 With running/exercise Gets better with activity Start up pain Other:

Is the problem: Getting better Worse Staying the same Scale of Pain: (10 being the worst)

Is there swelling? Yes No Keeps you up at night? Yes No

Is there stiffness? Yes No Any clicking, laxity, giving out Yes No

Pain quality: Sharp Aching Stabbing Throbbing Burning Tingling

What makes the pain better?

What makes the pain worse?

Have you had a similar condition in the past? Yes No

Have you seen another physician for this? Yes No Who?:

Did you go to the ER or an urgent care for this? Yes No

Have you had any testing for this? Yes No

X-ray MRI CT Bone Scan Nerve Conduction Other:

Have you had an injection for this? Yes No How many?:

Have you gone to physical therapy? Yes No Did it help? Yes No

Have you had to use a mobility aid for this? Yes No

Which ones? Wheel chair Cane Walker Crutches Scooter Other:

Have you been immobilized? Yes No

Cast / # weeks Cam Boot/ #weeks Brace/ # weeks Night Splint/ # weeks Orthotics

Have you had surgery for this? Yes No Who, what and when:

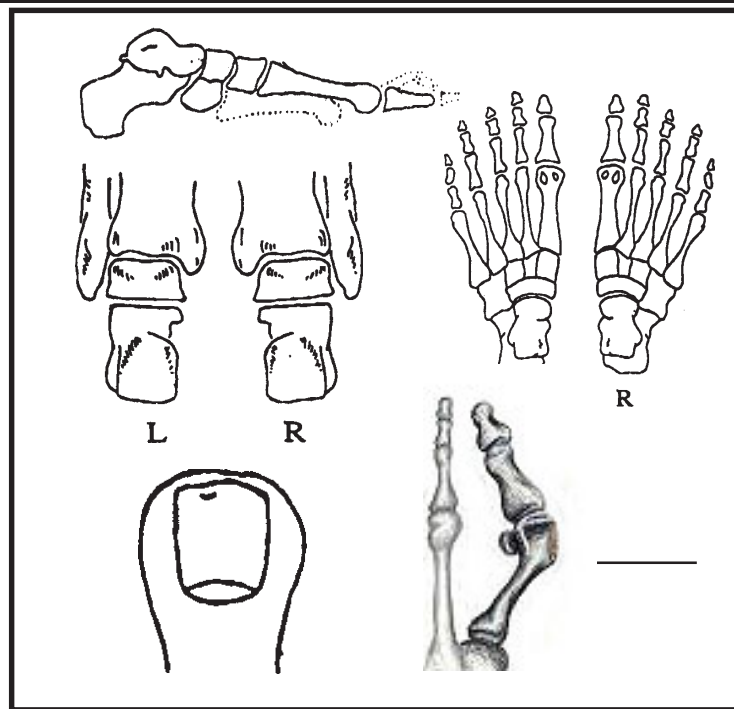
Anything else we need to know?

If you have more that 1 complaint add a separate sheet.

Leave blank. We will fill in this page.

VASCULAR EXAM	Right	Left	NEUROLOGICAL	Right	Left
Pulses					
DP	NP 0 1 2 3 4	NP 0 1 2 3 4	Achilles Reflex	Abs Dec Hyp WNL	Abs Dec Hyp WNL
PT	NP 0 1 2 3 4	NP 0 1 2 3 4	Patellar	Abs Dec Hyp WNL	Abs Dec Hyp WNL
Cap Fill	Ins 1 2 3 4 >5	Ins 1 2 3 4 >5	Sharp/Dull	Abs Dec Hyp WNL	Abs Dec Hyp WNL
Temp Grad	W-W W-C C-C C-Cd	W-W W-C C-C C-Cd	Light Touch	Abs Dec Hyp WNL	Abs Dec Hyp WNL
Skin Texture	At Th Su Sh Dr WNL	At Th Su Sh Dr WNL	Hot/ Cold	Abs Dec Hyp WNL	Abs Dec Hyp WNL
Skin Color	Cy Bl Pa Ru WNL	Cy Bl Pa Ru WNL	Vibratory	Abs Dec Hyp WNL	Abs Dec Hyp WNL
Hair Growth	Inc Dec Abs WNL	Inc Dec Abs WNL	Monofilament	1 3 5 3mpj 5mpj WNL	1 3 5 3mpj 5mpj WNL
Skin Turgor	Inc Dec WNL	Inc Dec WNL	Clonus	Absent Present	Absent Present
Edema	Abs +1 +2 +3 +4	Abs +1 +2 +3 +4			

DERMATOLOGICAL	Right	Left
Blisters	_____	_____
Exfoliation	_____	_____
Fissures	_____	_____
Ingrown Nails	1 2 3 4 5	1 2 3 4 5
Mycotic Nails	1 2 3 4 5	1 2 3 4 5
Rashes	_____	_____
Ulcers	_____	_____
Varicose Veins	_____	_____
Verruca	_____	_____
Xerosis	1 2 3 4 5	1 2 3 4 5
Other:	1 2 3 4 5	1 2 3 4 5



ORTHOPEDIC	Right	Left
HAV	_____	_____
Tailors Bunion	_____	_____
Hammer Toes	1 2 3 4 5	1 2 3 4 5
HM	1 2 3 4 5	1 2 3 4 5
Contracted Toes	1 2 3 4 5	1 2 3 4 5
Depressed Mets	1 2 3 4 5	1 2 3 4 5
Foot Type	Planus Cavus WNL	Planus Cavus WNL
Other:	_____	_____
	_____	_____
	_____	_____
	_____	_____

QUALIFICATION FOR ROUTINE FOOT CARE

CLASS FINDINGS

Q7 - 1 class A Q8 - 2B Q9 - 1B 2C

Class A - nontraumatic amputation of foot or skeletal portion of

Class B - Absent PT or absent DP or advanced trophic changes (3 of the following) (hair growth absence, nail changes thickened, pigment changes/discoloration, skin texture/thin or shiny, skin color/rubor or redness)

Class C - Claudication, temp changes (hands vs ft), edema, paresthesia, burning

Diabetes mellitus -Arteriosclerosis obliterans (A.S.O., arteriosclerosis of the extremities, occlusive peripheral arteriosclerosis)-Buerger's disease (thromboangiitis obliterans)-Chronic thrombophlebitis-Peripheral neuropathies involving the feet

Other DX _____

Mycotic Nails L - 1 2 3 4 5 R - 1 2 3 4 5

Corns L - 1 2 3 4 5 R - 1 2 3 4 5

Callouses L - Heel 1 2 3 4 5 R - Heel 1 2 3 4 5