

# Northtowns Orthopedics, P.C.

## FOOT HISTORY

Name: \_\_\_\_\_

Date: \_\_\_\_\_

1. Please tell us who referred you to our office? (Please Give us the address & telephone number if known).

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2. What exactly is bothering you?

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3. When did it begin?

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4. What caused it to start?

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5. What treatment if any has been tried?

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6. What makes your problem better?

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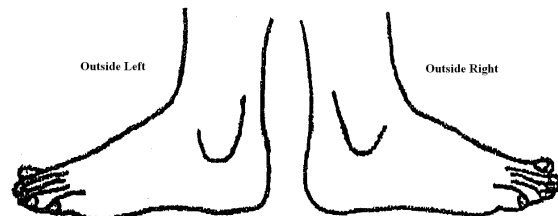
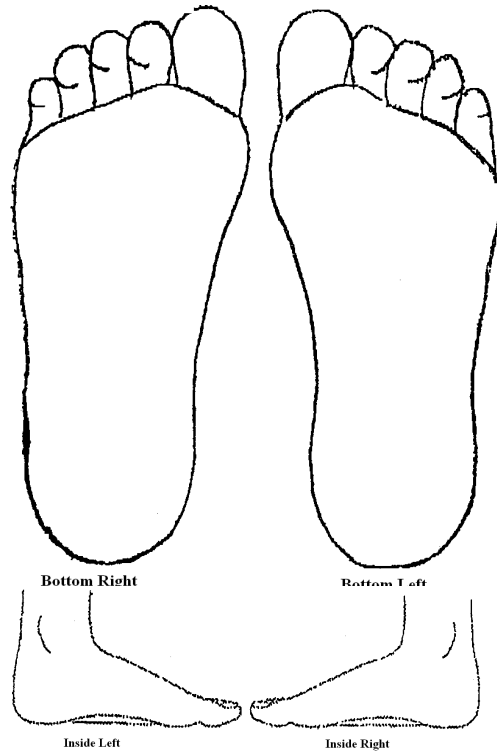
7. What makes your problem worse?

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- 1) Shade area(s) of your present problem
- 2) Number the areas on a scale of 1-10 according to pain level where 1=mild and 10 being severe.



Reviewed By: \_\_\_\_\_

