

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).

2. What exactly is bothering you?

3. When did it begin?

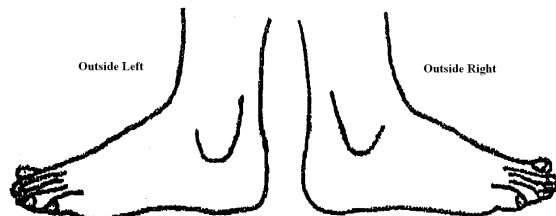
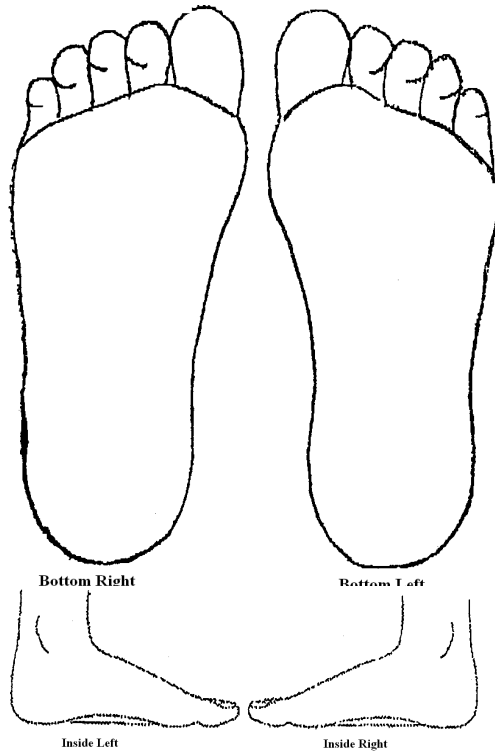
4. What caused it to start?

5. What treatment if any has been tried?

6. What makes your problem better?

7. What makes your problem worse?

- 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: _____

