

**Adler Podiatry and Wound Care LLC**

**Medical Information**

What foot problem(s) are you having?

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When did it start? \_\_\_\_\_ Ever had similar problem(s)?  Yes  No

Was it treated?  Yes  No

When? \_\_\_\_\_ By whom? \_\_\_\_\_

ALLERGIES?  Penicillin  Aspirin  Codeine  Novacaine  Sulfa  Tape  Iodine

Other: \_\_\_\_\_

MEDICATIONS?  Insulin  Coumadin  Blood Pressure  Arthritis  Diet  Heart

Depression  Oral Diabetic Medication  Birth Control Pills

List All Current Medications

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OPERATIONS? \_\_\_\_\_

INJURIES? \_\_\_\_\_

What is your: Height \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_

Do you Smoke?  Yes  No Use Alcohol?  Yes  No

Please Tell Us If You Have Any Medical Problems:

Diabetes  Poor Circulation  Arthritis  Stomach  Seizures  Thyroid  Bone  Cancer

Heart  Blood Pressure  Liver  Lung  Kidney  Breathing  Bleeding  Blood

Muscle  Immune Disorders  Nerve  Medical, Physical, or Emotional Problems

Other \_\_\_\_\_

Is there a chance of Pregnancy?  Yes  No