



Dr. Edward Lang
Surgery of the Foot and Ankle

PRE-SURGICAL MEDICAL HISTORY

Patient's Name _____

Health at Present _____

If you have a history of any of the following conditions, please check the appropriate box(es):

- | | | | |
|---|--------------------------------------|--|--|
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Circulation | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Scarlet Fever |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Septic Ulcers |
| <input type="checkbox"/> Bleeding Disorders | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Gout | <input type="checkbox"/> Polio | <input type="checkbox"/> Tuberculosis |

Other _____ Last Medical Exam _____

Medications _____

Allergies: Aspirin Codeine Iodine PCN Tape

Other _____

Have you had any serious illnesses? _____ If so, which? _____

Have you had any previous surgeries? _____ If so, which? _____

Have you had any injury to your feet or legs? _____ If so, explain. _____

Do you smoke? _____ Do you drink alcohol? _____ Do you drink coffee? _____

Any chance of pregnancy? _____ Do you take birth control pills? _____

Review of Systems:

- | | | | |
|--------------------------------|--|-----------------|--|
| Head, Ears, Eyes, Nose, Throat | <input type="checkbox"/> Yes <input type="checkbox"/> No | Heart or Lungs | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Bladder or Urinary | <input type="checkbox"/> Yes <input type="checkbox"/> No | Liver of Kidney | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Stomach or Intestines | <input type="checkbox"/> Yes <input type="checkbox"/> No | Musculoskeletal | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Nature of Complaint _____

Onset _____

Location _____

Duration _____

Self Treatments _____