

Patient:

Date:

INITIAL PODIATRIC HISTORY

REASON FOR TODAY'S VISIT

PLEASE INDICATE THE PROBLEM THAT BROUGHT YOU TO THE OFFICE

What is your main foot problem today:

Do you have any other foot problems that need attention: YES NO

IF YES, LIST THOSE PROBLEMS

Page 1s

Doctor's Notes

Chief Complaint noted

HISTORY OF PRESENT ILLNESS (HPI)

BRIEFLY ANSWER THE FOLLOWING QUESTIONS

- When did your main problem begin?
- Locate the area of the problem.:
- Describe any pain and/or disability:
- Is the pain: Burning Throbbing Sharp Dull Aching Other ?
- What causes the problem or makes it worse?
- Is there any other pertinent background information? NO YES (explain if yes)
Was it caused by an injury? NO YES (explain if yes)
- Does anything else affect the problem? NO YES (explain if yes)
- Are there any associated signs or symptoms? NO YES (explain if yes)

If 1-3 questions (Elements) are completed in this HPI, Circle BRIEF in HISTORY BLOCK 1 and 2 in the schematic on the Code Determination page

If at least 4 questions (Elements) are completed in this HPI, Circle EXTENDED on the HPI line in HISTORY BLOCK 3 and 4 in the schematic on the Code Determination page