

**CONFIDENTIAL PATIENT CASE HISTORY  
FOOT, ANKLE, KNEE, PAIN QUESTIONNAIRE**

NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ SK \_\_\_\_\_ CODE \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_ WORK \_\_\_\_\_  
 HEALTH CARD NO. \_\_\_\_\_ FAMILY DR \_\_\_\_\_  
 SHOE SIZE \_\_\_\_\_ WEIGHT \_\_\_\_\_

|                      |                   |
|----------------------|-------------------|
| BILLING INFORMATION  |                   |
| SGI:                 | TREAT #           |
| WORKERS COMPENSATION | INSURANCE COMPANY |

**LIFESTYLE QUESTIONS**

Daily activities: Sitting  Standing  Bending  Lifting  Stairs  Other: \_\_\_\_\_  
 Type of Shoe you usually wear: \_\_\_\_\_  
 Recreation: \_\_\_\_\_  
 Have you experience a decrease in the quality of life because of foot pain? \_\_\_\_\_  
 \_\_\_\_\_

**HEALTH QUESTIONS:**

Do you have any diagnosed medical conditions? \_\_\_\_\_  
 \_\_\_\_\_  
 Are you taking drugs or medicine? \_\_\_\_\_ Describe \_\_\_\_\_  
 Foot & ankle injuries: When? \_\_\_\_\_ Describe \_\_\_\_\_  
 Knee & hip injuries: When? \_\_\_\_\_ Describe \_\_\_\_\_  
 Foot/knee/leg surgeries? \_\_\_\_\_ Describe: \_\_\_\_\_  
 Have you attended a Foot Doctor before? \_\_\_\_\_  
 Do you wear ankle, knee, or foot braces? \_\_\_\_\_ Describe \_\_\_\_\_  
 Do you currently have orthotics or inserts? \_\_\_\_\_ When? \_\_\_\_\_  
 Manufacturer \_\_\_\_\_

**Where are you getting pain? (Mark diagram and describe?)**

When is it the worst? \_\_\_\_\_  
 Does anything help it? \_\_\_\_\_  
 Have you sought treatment from other doctors? \_\_\_\_\_  
 Did it help? \_\_\_\_\_  
 Other comments? \_\_\_\_\_  
 \_\_\_\_\_

