

**American Board of Podiatric Surgery**

**Fellow, American College of Foot Surgeons**

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**Newark, Delaware 19702**

**Podiatric History**

Your chief complaint today? \_\_\_\_\_  
\_\_\_\_\_

Have you ever been to a podiatrist before? Yes \_\_\_ No \_\_\_ If yes please enter name \_\_\_\_\_

Are your symptoms worse when wearing shoes? Yes \_\_\_ No \_\_\_

Do you spend more than 50% of your day standing? Yes \_\_\_ No \_\_\_

Are your symptoms worse when standing/walking? Yes \_\_\_ No \_\_\_

**Medications**

Include prescriptions, over the counter medications, and vitamins \_\_\_\_\_  
\_\_\_\_\_

Pharmacy name \_\_\_\_\_ Phone number \_\_\_\_\_

**Allergies**

Adhesive/tape\_\_\_\_ Local Anesthetic\_\_\_\_  
Aspirin\_\_\_\_ Codeine\_\_\_\_ Latex\_\_\_\_ Novacaine\_\_\_\_ Sulfa\_\_\_\_ Penicillin\_\_\_\_

Other \_\_\_\_\_  
\_\_\_\_\_No known allergies\_\_\_\_\_

**Medical History**

Asthma\_\_\_\_ Lungs\_\_\_\_ Arthritis\_\_\_\_ Heart problems\_\_\_\_ Circulation problems\_\_\_\_ Blood  
clots\_\_\_\_ HIV/AIDS\_\_\_\_

High blood pressure\_\_\_\_ Psoriasis\_\_\_\_ Thyroid\_\_\_\_ Fibromyalgia\_\_\_\_ Kidney  
problems\_\_\_\_ Liver disease/Hepatitis\_\_\_\_

Joint replacement\_\_\_\_ Diabetes\_\_\_\_ Gout\_\_\_\_ Bleeding problems\_\_\_\_ Strokes/neurological  
disorders\_\_\_\_ Cancer\_\_\_\_

Foot surgery\_\_\_\_ Other surgery\_\_\_\_ Back problems\_\_\_\_ Knee  
problems\_\_\_\_ Other \_\_\_\_\_

Since xrays may be required, are you (to your knowledge) pregnant? Yes\_\_\_\_ No\_\_\_\_