

# Foot and Heel Pain Institute of Michigan

Dear Patient: Please circle any problems you currently are experiencing.

**CONSTITUTIONAL:**

decreased appetite / faintness / dizziness / headache fever / weight gain / weight loss  
difficulty breathing when lying flat / weakness

**CARDIOVASCULAR:**

chest or arm pain / high blood pressure / low blood pressure / heart attack / varicose veins /  
cramps in legs or feet when sleeping / swelling in feet or legs / heart palpitations / stroke  
cramps in legs or feet when walking

**MUSCULOSKELETAL:**

joint aches or pain / chronic hip pain / chronic low back pain / chronic ankle pain /  
stiffness pain in feet in morning / weakness / swelling of joints / limited motion in joints

**INTEGUMENT:**

scarring / dry skin / itching skin / cracked skin / skin cancer / thick or discolored toenails /  
thick or discolored finger nails / skin rash / pain associated with the skin

**NEUROLOGICAL:**

tingling / pins and needles / numbness / increased sensitivity to touch / radiating pain /  
decreased or lack of sensation to touch / decreased or lack of sensation to heat or cold / burning

**ENDOCRINE:**

increase or decrease in thirst / increase or decrease in appetite / increase or decrease in urination /  
weight loss or gain / elevated blood sugar / thyroid problems

**HEMATOLOGICAL/LYMPHATIC:**

hemophilia / anemia / bruise easily / sickle cell disease or trait / weakness /  
yellow discoloration of the skin

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_ DPM Date: \_\_\_\_\_

↓ BELOW Office Use ONLY ↓

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**VASCULAR EXAM**

|              | Left     | Right    |
|--------------|----------|----------|
| Pulses       |          |          |
| DP           | NP ___/4 | NP ___/4 |
| PT           | NP ___/4 | NP ___/4 |
| Skin Temp    | _____    | _____    |
| Skin Color   | _____    | _____    |
| Varicosities | _____    | _____    |
| Edema        | _____    | _____    |
| Hair Growth  | _____    | _____    |
| Cap Fill     | _____    | _____    |

**DERMATOLOGIC**

|               | Left      | Right     |
|---------------|-----------|-----------|
| Rash          | _____     | _____     |
| Nodules       | _____     | _____     |
| Ulcers        | _____     | _____     |
| Ingrown Nails | 1 2 3 4 5 | 1 2 3 4 5 |
| Mycotic Nails | 1 2 3 4 5 | 1 2 3 4 5 |
| Warts         | _____     | _____     |
| Lesions       | _____     | _____     |
| Porokeratosis | _____     | _____     |

**ORTHOPEDIC**

|                 | Left      | Right     |
|-----------------|-----------|-----------|
| HAV             | _____     | _____     |
| Tailor's Bunion | _____     | _____     |
| Depressed Mets  | 1 2 3 4 5 | 1 2 3 4 5 |
| Heloma Dura     | 1 2 3 4 5 | 1 2 3 4 5 |
| Contracted Toes | 1 2 3 4 5 | 1 2 3 4 5 |
| Heloma Molle    | _____     | _____     |
| Pes Planus      | L R       |           |
| Pes Cavus       | L R       |           |

**BIOMECHANICAL**

|           | Left  | Right |
|-----------|-------|-------|
| Ankle ROM | _____ | _____ |
| STJ ROM   | _____ | _____ |
| MTJ ROM   | _____ | _____ |
| MPJ ROM   | _____ | _____ |

**NEUROLOGIC**

|              | Left  | Right |
|--------------|-------|-------|
| Achilles     | _____ | _____ |
| Babinski     | _____ | _____ |
| Sharp/Dull   | _____ | _____ |
| Coordination | _____ | _____ |
| Monofilament | _____ | _____ |

**MUSCLE STRENGTH**

|                | Left  | Right |
|----------------|-------|-------|
| Dorsiflexors   | ___/5 | ___/5 |
| Plantarflexors | ___/5 | ___/5 |
| Evertors       | ___/5 | ___/5 |
| Invertors      | ___/5 | ___/5 |

**RADIOGRAPHIC FINDINGS**

\_\_\_\_\_

\_\_\_\_\_