

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** ↓

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	_____	_____

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
