

# 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**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_