



Medical & Surgical Foot Specialist  
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**HEALTH HISTORY QUESTIONNAIRE**

Date \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Height \_\_\_\_\_ ft. \_\_\_\_\_ in. Weight \_\_\_\_\_ lbs.

**CHIEF COMPLAINT AND HISTORY:** Please describe for what we are seeing you for.

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

**APPX. WHEN DID THIS CONDITION BEGIN?** \_\_\_\_\_

HAVE YOU PREVIOUSLY SEEN A PODIATRIST?  YES  NO

IF SO, WHEN AND FOR WHAT? \_\_\_\_\_

**PAST MEDICAL HISTORY:** List any medical conditions you may have

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

**PAST SURGICAL HISTORY:** List any surgeries you may have had \_\_\_\_\_

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

**CURRENT MEDICATIONS:**

- |          |           |
|----------|-----------|
| 1. _____ | 6. _____  |
| 2. _____ | 7. _____  |
| 3. _____ | 8. _____  |
| 4. _____ | 9. _____  |
| 5. _____ | 10. _____ |

Additional Meds: \_\_\_\_\_

**CURRENT ALLERGIES:** Please check all that apply.

Penicillin  Novocaine  Sulfa  Iodine  Aspirin  None

Other-Please List: \_\_\_\_\_

**SOCIAL HISTORY:**

Tobacco: packs per day \_\_\_\_\_ How many years? \_\_\_\_\_ When did you quit? \_\_\_\_\_

Alcohol: how often and how much each week? \_\_\_\_\_

Job Description:  Mostly standing  Mostly sitting  Mix of both  Retired

**I hereby give Dr. Scott Koppel permission to examine and treat me.**

Patient, Parent, or Guardian's Signature \_\_\_\_\_