Alamitos - Seal Beach Podiatry Group

Please check (✓) problems you have had:

Foot and Leg Conditions:

- ☐ Arch Pain
- ☐ Bone Fracture
- ☐ Bow Legs
- ☐ Bunions
- ☐ Burning
- ☐ Childhood Casting or Bracing
- ☐ Coldness
- ☐ Flat Feet
- ☐ Foot Cramps
- ☐ Hammer Toes
- ☐ Heel Pain
- ☐ High Arches
- ☐ Knee Pain
- ☐ Knocked Knees
- ☐ Leg Cramps
- ☐ Low Back Pain
- ☐ Nerve Injury
- ☐ Numbness
- ☐ Out Toeing
- ☐ In Toeing
- ☐ Pigeon Toes
- ☐ Shin Splints
- ☐ Shoe Wear Problems
- ☐ Sprains
- ☐ Stiffness
- ☐ Swelling
- ☐ Unequal Leg Length
- ☐ Varicose Veins
- ☐ Weak Ankles
- ☐ Other:

Toenail Problems:

- ☐ Brittle
- ☐ Curved
- ☐ Deformed
- ☐ Discolored
- ☐ Fungus
- ☐ Ingrown
- ☐ Thick
- ☐ Other:

Foot Skin Problems:

- ☐ Calluses
- ☐ Corns
- ☐ Cracking
- ☐ Dryness
- ☐ Excessive Perspiration
- ☐ Foot Ordor
- ☐ Fungus
- ☐ Growths
- ☐ Hard Corns
- ☐ Itching
- ☐ Moist Skin
- ☐ Soft Corns
- ☐ Shoe Wear Problems
- ☐ Bruises or Cuts as a Child
- ☐ Warts
- ☐ Other:

Do other members of your family have foot problems: (Grandparents, Parents, Siblings, Children)

How many hours are you on your feet per day?	Type of shoe usually worn at work?	Work Surface?	Do you wear	Shoe Size:
	☐ Oxford ☐ Athletic Shoe	☐ Carpet ☐ Outdoors	☐ Prescription Orthotics	
	☐ Slip-on ☐ Boots	☐ Linoleum ☐ Uneven	☐ Over-the-Counter Supports	
Total ______ Work ______	☐ High Heels ☐ Other:	☐ Concrete	☐ Other Support Devices	

Regular Exercise Activities and Shoes Used: (Please list activity and briefly describe shoe used: Walking, Running, Aerobic Dance, Tennis, Golf, etc.)

Have you previously been treated by a podiatrist? ☐ Yes ☐ No
For what problems?

Have you ever had foot surgery? ☐ Yes ☐ No
Describe:

REMARKS:

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IF YOUR CONDITION IS DUE TO AN ACCIDENT, PLEASE COMPLETE

Where Did The Accident Happen? ☐ Work ☐ Home ☐ Auto If Injury Happened At Work, Employer's Name:	Date of Injury:
Who Did You Report It To & Phone Number?	Name Of Adjuster:
Name Of Insurance Company:	Case and/or File Number:
Address:	Phone Number: