

Charles A Suleskey, D.P.M., F.A.C.F.A.S.

Patient Name _____ DOB _____ Today's Date _____

Medications: See List I do not take any medications
Name/Dosage
Name/Dosage
Name/Dosage
Name/Dosage
Name/Dosage
Use back of this form if more room is needed

Family History: List any blood relative with history of;
Arthritis Diabetes
Blood Clot Heart Disease
Cancer Parkinson's
Circulation Stroke
Alzheimers/Dementia Unknown

Smoking Status: Never Former when quit?
Current Daily/ Sometimes
How many per day? # How many years?
Do you drink alcohol? Yes, everyday (5-7 days/week)
Yes, occasionally/socially Rarely Never

Allergies: No Known Drug Allergies See List
Name Reaction
Name Reaction
Name Reaction
Name Reaction
Use back of this form if more room is needed

Surgical History: None Appendix Angioplasty Bypass (x) Pacemaker C-Section Cataracts
Gallbladder Hysterectomy Hip RT LT Knee RT LT Ankle RT LT Foot RT LT Toes RT LT
Describe/Other
Do you have any artificial joints? No Yes where? Artificial heart valve? No Yes

Medical History: Please mark if you have or have had : No medical history to report
Arthritis/Osteo/RA Drug/Alcohol Abuse High Blood Pressure
Asthma Diabetes Type 1 A1C= Kidney Disease
Anxiety/Depression Diabetes Type 2 A1C= Liver Disease
Blood disorder Pre-Diabetes Mental Illness
Breathing issues Gout Skin Disorders
Circulation problems Heart disease Sleep Apnea
COPD Hepatitis A B C Stomach/GI
Emphysema High Cholesterol Other

Review of Systems (Please check if you currently have any of these symptoms OR check "None")
Cardiovascular leg pain when walking calf pain when walking leg swelling cold hands cold feet fainting
lower leg ulcers palpitations chest pain valve problems Other None
Gastrointestinal abdominal pain appetite increase appetite decrease constipation diarrhea
heartburn reflux vomiting ulcers blood in stool Other None
Genitourinary blood in urine frequency excessive urination incontinence kidney stones None
Hematologic anemia bruise or bleed easily clotting disorders iron deficiency Other None
on anticoagulant; Coumadin Warfarin Jantoven Xarelto Effient Eliquis Pradaxa Other
Integumentary athletes foot changes in moles dry, scaly skin itchiness nail abnormalities rash None
Musculoskeletal arthritis pain back/neck pain sciatica joint pain joint stiffness joint swelling
joint instability muscle pain muscle weakness Other None
Neurological burning tingling numbness headaches paralysis seizures tremors weakness None
Respiratory coughing on oxygen using inhaler shortness of breath snoring wheezing None

The above information is correct to the best of my knowledge. I consent to treatment and understand that, throughout my treatment, I am responsible for notifying the physician and/or staff of any changes or updates to the information provided. (Assignment of Benefits): I authorize payment of benefits to the physician named above. (Release of Information): I authorize the release of any medical information necessary to process claims. (HIPAA Privacy): I acknowledge that I can obtain a copy of or already received a HIPAA Privacy Practices Notice. (Medication History): I authorize this office to retrieve my medication history.

Patient or Guardian Signature _____ Date _____ Page 2 of 2