



Christian Smith, DPM, FACFAS
 452 Perkins Extended
 Memphis TN 38117
 p 901-730-8300 f 9017308111
 utoepia8637@gmail.com

utoepia.com

Podiatry Medical History Form

Patient Information

Full Name: _____

Date of Birth: _____

Phone Number/Best Contact Number: _____ Is it "ok" to text? Yes___ No___

Email: _____

Home Address: _____

City _____ State _____ Zip Code _____

Emergency Contact Name & Phone:

Name _____ Phone Number _____

How did you hear about the practice? (circle one)

Internet/Google _____ Friend/Family _____ Doctor Referral (who?) _____

Insurance Company _____ Facebook _____ Other _____

Primary Complaint

What brings you in today? (e.g., heel pain, bunions, ingrown toenails, etc.):

How long has this issue been present?

Have you had any previous treatments for this condition? (Yes/No)

If yes, please specify:

Medical History

- | | |
|--|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Osteoarthritis |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Rheumatoid Arthritis |
| <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Gout |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Peripheral Neuropathy | <input type="checkbox"/> Blood Clots / DVT |
| <input type="checkbox"/> Peripheral Arterial Disease (PAD) | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Stroke | |



Christian Smith, DPM, FACFAS
452 Perkins Extended
Memphis TN 38117
p 901-730-8300 f 9017308111
utoepia8637@gmail.com

utoepia.com

Foot & Ankle History

Any history of foot or ankle surgeries? (Yes/No)
If yes, please explain:

Any history of fractures, sprains, or injuries to feet or ankles? (Yes/No)

Do you experience:

- Numbness
- Tingling
- Burning sensations
- Swelling
- Pain with walking/standing
- Open sores or wounds
- Toenail problems (fungus, ingrown nails)
- Skin conditions (corns, calluses, warts)

Medications

Please list all current medications (including over-the-counter, vitamins, supplements):

Allergies

Do you have any medication or material allergies? (e.g., latex, adhesive):

Lifestyle & Habits

Do you smoke? Yes No

Former smoker

Alcohol consumption: None Occasionally Frequently

Activity Level: Sedentary Lightly Active Active Very Active

Type of footwear most often worn:

Occupation:



Christian Smith, DPM, FACFAS
452 Perkins Extended
Memphis TN 38117
p 901-730-8300 f 9017308111
utoepia8637@gmail.com

utoepia.com

Family Medical History

Any family history of foot problems, diabetes, or circulatory issues? (Yes/No) If yes, please specify:

Insurance Information

Primary Insurance: _____

Policy Number: _____

Group Number: _____

Subscriber Name: _____

If primary policy holder is someone other than yourself:

Name _____

Date of Birth _____

Secondary Insurance:

Policy Number: _____

Group Number: _____

Subscriber Name: _____

If the primary policy holder is someone other than yourself:

Name _____

Date of Birth _____

Signature _____

Date: _____