



Name _____ Date of Birth _____

Location: Right Lower Extremity Left Lower Extremity
 Both Which side is pain worse **R** or **L** or **Equal**

Work Injury: No Yes DOI: _____ Prior Surgery _____

Describe your Problem: _____

How long has it bothered you? _____

How did symptoms begin? _____

Medications used for foot and ankle pain: _____

Is your problem getting: Better Worse Same

Describe symptoms (Circle all that apply)

Rate Discomfort: None = 1 2 3 4 5 6 7 8 9 10 = Severe

Location: Medial (Inner) Lateral (Outer) Plantar (Bottom) Dorsal (Top)

Other: _____

Quality: Sharp Dull Tingling Electric Shock Constant Intermittent

Other: _____

Associated Symptoms: Stiffness Where? _____

Numbness Where? _____

Swelling Where? _____

Catching Where? _____

Weakness Where? _____

Give Out Where? _____

When do symptoms Occur? Morning Night Work Sports Running

During Activity After Activity Constant Occasional

Other _____

What makes the symptoms better? Rest Therapy Brace/Splint Exercise

Heat Cold Other: _____

Pain in other joints? No Yes, List: _____

Previous tests? No Yes, describe: _____

Previous treatments? No Yes, describe: _____

Do you smoke? No Yes Do you have Diabetes? No Yes