



NEWPORT

ORTHOPEDIC INSTITUTE

Foot & Ankle History

Patient Name: _____

Date: _____

1. Is your problem related to an injury? _____

If yes, what kind? _____

2. Where is your pain? Great toe, lesser toe, midfoot, hindfoot, ankle? _____

3. How long have you had your pain? _____

4. Is your pain worse in the morning, evening, or all day? _____

5. What improves your pain? _____

6. What worsens your pain? _____

7. Do you wear orthotics? _____

8. Do you have a personal history, or family history, of Diabetes? _____

If yes, do you take insulin or medication by mouth? _____

9. Has your foot size or shape changed recently? _____

If yes, please explain: _____