NEWPORT ORTHOPEDIC INSTITUTE

Foot and Ankle Follow Up Form

Name: _____ MRN: _____ Date: _____

1. Current Chief concern, if any:_____

2. What is your current pain score? (Please circle the number, or range of numbers, that describes your pain today)

0	1	2	3	4	5	6	7	8	9	10
None		Mild			Moderate			Severe		Worst pain imaginable

3. How would you rate your symptoms today compared to your last clinic appointment?
   _____% better _____% worse No change N/A

4. Any change (decrease/increase) in the quality of your symptoms(i.e. redness, drainage, swelling, stiffness, instability, pain etc.) since your last visit? □No □Yes Explain:_____

5. What makes your symptoms better? _____

6. What is your current weight bearing status on the affected limb? □None □Touch Down □Partial □Full

7. What is your current immobilization method?

   □Toe splint or brace □Orthotic/Insoles □Stiffsneaker/Post-op shoe □Ankle brace □Boot □Splint □Cast □Other

8. What is your current assistive device? □None □Cane □Crutches □Walker □Wheelchair

9. Have you participated in physical therapy? □ No □ Yes. If yes, date(mo/year) of last session _____

10. Any recent illnesses, changes in your medical history, surgery, or hospitalizations since your lastvisit?
    □No □Yes, Explain: _____

11. Do you have diabetes? □No □Yes, if yes do you know your most recent hemoglobin A1C? _____

12. Do you have neuropathy or numbness in both feet? □ No □ Yes

13. Are you currently smoking, or using any form of nicotine/tobacco? □No □Yes
    If yes,_____packs/day, other: _____

14. Do you take medication for chronic pain? □No □Yes. If yes, please list _____
    _____

15. How many yards can you walk *without* stopping?_____*With* stopping? _____

16. Circle all the following activities you are now able todo?
    □Stand □Walk □Jog □Run □Drive □Jump □Climb □Sports

17. What is your current workstatus?
    □Full duty □Light duty □Out of work □Retired □Permanently disabled

18. Where do you currently live? □Home □Rehab center □Skilled nursing □Other _____

Place Patient Label Here

Please indicate with an (X) the location of your chief concern(s).