

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, dat(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).

Left foot **Right foot**



The form contains four line drawings of feet and two of ankles. The first two drawings are of the left foot: the first shows the sole (bottom view) and the second shows the top view. The next two drawings are of the right foot: the first shows the top view and the second shows the sole (bottom view). Below these are two drawings of ankles from a back view, labeled 'Left' and 'Right'. Each drawing has a small square box on the toe area, likely for marking a patient's chief concern.

Sole / bottom **Top** **Top** **Sole / bottom**

Ankles (back view)

Left **Right**