2502 E Empire St
Bloomington IL 61704
(309) 663-6461

Podiatry

GERALD W PAUL DPM, FACFAS
BRIAN L HAMM DPM, FACFAS

To Best Serve You, Please Complete This Form & Carry to Appointment

Please describe your foot problem:

____
____
____
____

Have you had any past problems of your feet and ankles? **NO** **YES** (if yes, explain)

____
____
____
____

Have you had any past surgical procedures on your feet? **NO** **YES** (if yes, explain)

____
____
____
____

Shoe Size: __________ **Men** **Women**

Have you had any problems with anesthetics? **YES** **NO**

GENERAL HEALTH INFORMATION

Do you have Diabetes? **YES** **NO** If yes, do you take Insulin? **YES** **NO**
Number of years: ____________

Are you under Physician's care? **YES** **NO**
If yes, for what condition?

____

Family Physician: ______________________
Date you were last seen: ______________

May we contact your physician regarding your health? **YES** **NO**

Name of your Pharmacy: ______________________
Phone: ________________

Do you have any artificial joints? **YES** **NO**

Do you heart valve implants? **YES** **NO**

Is there a family (blood related) history of:

- ☐ Heart Disease
- ☐ Blood Disorder
- ☐ Stroke
- ☐ Arthritis
- ☐ Neurological Disorder
- ☐ Bunions
- ☐ Hammertoes
- ☐ Circulation problems in legs or feet
- ☐ Flat Feet

Do you smoke? **NO** **YES -** # of packs per day____________________

Have you previously smoked? **NO** **YES** - # of years______________________

Do you drink alcohol or beer? **YES** **NO**

Light Usage (1-2 per week) Moderate (1-2 per day) Heavy (more that 2 daily)

Your workplace environment:

Sit at job Stand at job stand and walk at job retired

Thank You For Your Assistance!