Bolingbrook Foot Specialist

Jeffrey M. Mackler, D.P.M.
Board Certified, American College of Podiatric Surgery
Board Certified, American College of Foot Orthopedic

HEALTH & MEDICAL HISTORY

Name:	DOB:	Age:	Gender: M F
Primary Care Physician(PCP):		Date of last medical exam:	
PCP Address:		PCP Phone Number:	
Is your general health good? Yes No		Height:	Weight:
Have you been hospitalized or had a serious illness in the last three years? Yes No			
If yes, why?			
Are you being treated by a physician currently? Yes No For what?			
Are you diabetic? Yes No		Are you insulin dependent? Yes No	
Last blood sugar reading:			
Does anyone in your family have diabetes? Yes No Who (relationship)?			
Have you ever been treated for back pain? Yes No		Have you been treated for blood clots? Yes No	
Are you pregnant? Yes No	Do you drink? Yes No Frequency:		
	Do you smoke? Yes No Frequency:		

ALLERGIES/REACTIONS	MEDICAL CONDITIONS	MEDICATIONS	
[ ] Antibiotics:	[ ] Anemia:	Medication Name	Dosage
[ ] Aspirin:	[ ] Arthritis:		
[ ] Barbiturates:	[ ] Asthma:		
[ ] Codeine:	[ ] Bleeding Problems:		
[ ] Iodine:	[ ] Blood Pressure - High: Low:		
[ ] Latex:	[ ] Brusing Eaily:		
[ ] Local Anesthetics:	[ ] Cancer:		
[ ] Metals:	[ ] Chronic Pain:		
[ ] Penicillin:	[ ] Circulatory Problems:		
[ ] Plastic:	[ ] Cold Hands & Feet:	**Vitamins/OTC Products**	
[ ] Sedatives:	[ ] Muscle Aches:	Name	Dosage
[ ] Shellfish:	[ ] Muscle Spasms or Cramps:		
[ ] Sleeping Pills:	[ ] Osteoathritis:		
[ ] Sulfa Drugs:	[ ] Osteoporosis:		
[ ] Tape:	[ ] Other:		
[ ] Other:	[ ] Swollen Ankles:		

MAIN PROBLEM(S) YOU WOULD LIKE TO ADDRESS

What brings you into the office today?

When did this problem begin?

What do you think caused it?

To what extent does this problem affect your daily activity? (work, sleep, etc.?)

If you have been given a diagnosis for the problem by another doctor, what is the diagnosis?

Please list any other care you are currently receiving for the condition mentioned.

If you have ever received treatment for the condition mentioned, please explain what and when.

To the best of my knowledge, I have answered every question completely and accurately.

Patient/Guardian Signature: Date:

Patient Review:	Date:
Patient Review:	Date:
Patient Review:	Date: