DR. SHANE D. DRAPER
DR. QUINN D. LINDSTROM
FOOT AND ANKLE SPECIALIST

Name:_____

Date of Birth:_____

E-Mail:_____

Medications and Dosages:_____

_____

_____

_____

Drug Allergies:_____

_____

Marital Status: M S D W

# of Children:_____

(Please circle)

Employed: Full time Part time Retired Student

Nutrition: Excellent Good Average Poor

Exercise: Walking Cardio Weights

Exercise Frequency: Regular Occasional Never

Smoking: Yes No

Current: Amount per day_____

Former: Quit date:_____

Alcohol: Yes No Amount:_____

Illicit drugs: Yes No

Signed form for DNR (Do Not Resuscitate) Yes No

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DR. SHANE D. DRAPER
DR. QUINN D. LINDSTROM
FOOT AND ANKLE SPECIALIST

FAMILY HISTORY

Mother: Living/ Deceased. Alzheimer's. Arthritis: Rheumatoid. Degenerative. Asthma. Coronary Artery Disease. Cancer: _____. High Cholesterol. Depression. Diabetes: Type I. Type II. High Blood Pressure. Migraines. Obesity. Osteoporosis. Kidney Disease. Stroke. Low Thyroid. High Thyroid. Foot Problems. OTHER_____. Unknown.

Father: Living/ Deceased. Alzheimer's. Arthritis: rheumatoid. Degenerative. Asthma. Coronary Artery Disease. Cancer: _____. High Cholesterol. Depression. Diabetes: Type I. Type II. High Blood Pressure. Migraines. Obesity. Osteoporosis. Kidney Disease. Stroke. Low Thyroid. High Thyroid.

Siblings: #_____Brothers. #_____Sisters. Living/ Deceased. Alzheimer's. Arthritis: rheumatoid. Degenerative. Asthma. Coronary Artery Disease. Cancer: _____. High Cholesterol. Depression. Diabetes: Type I. Type II. High Blood Pressure. Migraines. Obesity. Osteoporosis. Kidney Disease. Stroke. Low Thyroid. High Thyroid. Foot Problems.
OTHER_____. Unknown.

Other Family History: Coronary Artery Disease. High Cholesterol. Depression. Diabetes: Type I. Type II. High Blood Pressure. Kidney Disease. Cancer: _____. Stroke. Foot Problems. Adopted.

CHRONIC ILLNESSES

____ADD
____Angina
____Anxiety/Depression
____Asthma
____Basal Cell Cancer
____Benign Prostate Hyperplasia
____Cancer_____
____Chronic Polyps
____Chronic Sinusitis
____Crohn's Disease
____Diverticulitis
____Diabetes Type II
____Esophageal Reflux
____Fibroids
____Hepatitis
____HIV/AIDS
____High Cholesterol
____Hypothyroidism
____Kidney Stones
____Obesity
____Osteopenia
____PVD/PAD
____ADHD
____Anemia
____Arthritis, degenerative
____Atrial Fibrillation
____Barrett's Esophagus
____Congestive Heart Failure
____Cardiac Murmur
____Chronic Kidney Disease
____Coronary Artery Disease
____Cerebral Vascular Accident
____Deep Vein Thrombosis
____Eczema
____Erectile Dysfunction
____Gout
____Hemorrhoids
____Hiatal Hernia
____High Blood Pressure
____Irritable Bowel Syndrome
____Migraine
____Obstructive Sleep Apnea
____Osteoarthritis
____Polycystic Ovarian Syndrome
____Allergic Rhinitis
____Anxiety
____Arthritis, rheumatoid
____Back Pain
____Bipolar Disorder
____Carpal Tunnel Syndrome
____Colitis
____Chronic Pain Syndrome
____COPD
____Depression
____Diabetes Type I
____Endometriosis
____Fibromyalgia
____Genital Herpes
____Gastro esophageal Reflux
____History of Drug Abuse
____Hyperthyroidism
____Insomnia
____Mitral Valve Prolapse
____Osteoporosis
____Peptic Ulcer Disease

____Restless Leg Syndrome ____Squamous Cell Skin Cancer ____Tuberculosis
____Ulcerative Colitis ____Varicose Veins
Other: _____

SURGERIES