

**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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## 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

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> ADD                         | <input type="checkbox"/> ADHD                        | <input type="checkbox"/> Allergic Rhinitis        |
| <input type="checkbox"/> Angina                      | <input type="checkbox"/> Anemia                      | <input type="checkbox"/> Anxiety                  |
| <input type="checkbox"/> Anxiety/Depression          | <input type="checkbox"/> Arthritis, degenerative     | <input type="checkbox"/> Arthritis, rheumatoid    |
| <input type="checkbox"/> Asthma                      | <input type="checkbox"/> Atrial Fibrillation         | <input type="checkbox"/> Back Pain                |
| <input type="checkbox"/> Basal Cell Cancer           | <input type="checkbox"/> Barrett's Esophagus         | <input type="checkbox"/> Bipolar Disorder         |
| <input type="checkbox"/> Benign Prostate Hyperplasia | <input type="checkbox"/> Congestive Heart Failure    | <input type="checkbox"/> Carpal Tunnel Syndrome   |
| <input type="checkbox"/> Cancer _____                | <input type="checkbox"/> Cardiac Murmur              | <input type="checkbox"/> Colitis                  |
| <input type="checkbox"/> Chronic Polyps              | <input type="checkbox"/> Chronic Kidney Disease      | <input type="checkbox"/> Chronic Pain Syndrome    |
| <input type="checkbox"/> Chronic Sinusitis           | <input type="checkbox"/> Coronary Artery Disease     | <input type="checkbox"/> COPD                     |
| <input type="checkbox"/> Crohn's Disease             | <input type="checkbox"/> Cerebral Vascular Accident  | <input type="checkbox"/> Depression               |
| <input type="checkbox"/> Diverticulitis              | <input type="checkbox"/> Deep Vein Thrombosis        | <input type="checkbox"/> Diabetes Type I          |
| <input type="checkbox"/> Diabetes Type II            | <input type="checkbox"/> Eczema                      | <input type="checkbox"/> Endometriosis            |
| <input type="checkbox"/> Esophageal Reflux           | <input type="checkbox"/> Erectile Dysfunction        | <input type="checkbox"/> Fibromyalgia             |
| <input type="checkbox"/> Fibroids                    | <input type="checkbox"/> Gout                        | <input type="checkbox"/> Genital Herpes           |
| <input type="checkbox"/> Hepatitis                   | <input type="checkbox"/> Hemorrhoids                 | <input type="checkbox"/> Gastro esophageal Reflux |
| <input type="checkbox"/> HIV/AIDS                    | <input type="checkbox"/> Hiatal Hernia               | <input type="checkbox"/> History of Drug Abuse    |
| <input type="checkbox"/> High Cholesterol            | <input type="checkbox"/> High Blood Pressure         | <input type="checkbox"/> Hyperthyroidism          |
| <input type="checkbox"/> Hypothyroidism              | <input type="checkbox"/> Irritable Bowel Syndrome    | <input type="checkbox"/> Insomnia                 |
| <input type="checkbox"/> Kidney Stones               | <input type="checkbox"/> Migraine                    | <input type="checkbox"/> Mitral Valve Prolapse    |
| <input type="checkbox"/> Obesity                     | <input type="checkbox"/> Obstructive Sleep Apnea     | <input type="checkbox"/> Osteoporosis             |
| <input type="checkbox"/> Osteopenia                  | <input type="checkbox"/> Osteoarthritis              | <input type="checkbox"/> Peptic Ulcer Disease     |
| <input type="checkbox"/> PVD/PAD                     | <input type="checkbox"/> Polycystic Ovarian Syndrome |   |



