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PODIATRIST - FOOT SPECIALIST
GARY N. GUTEN, M.D.
FOUNDER-EMERITUS
ORTHOPEDIC SURGEON

PATIENT PAST HISTORY FORM

Please fill out this form prior to seeing physician

DATE:_______________________

NAME:____ **DOB:**______________________

Age:_____ Height:_____ Weight:_____ Circle: Right or Left Handed

Family Physician:________________________________ Phone_________________________

Emergency Contact:____________________________ Phone_________________________

SOCIAL HISTORY:

What is your current occupation?____

PAST MEDICAL HISTORY: Please circle where appropriate.

Medical Illness: High blood pressure / Heart disease / HIV / Kidney disease
Infection / Diabetes / Abdominal disease / Hepatitis / Asthma
Ulcer or GI Difficulty / Bone/Joint disease / Cancer
Other____

Injuries:____

Operations:____

____

MEDICATIONS: ____

____

ANY ALLERGIES TO MEDICATIONS AND/OR METALS (I.E. NICKEL)?___________________________

Describe?____

Do you smoke? Yes / No Do you drink alcohol? Yes / No (please circle) Frequency?__________

Are you pregnant? Yes / No

FAMILY HISTORY:

Do you have a family history of diseases? If yes, please specify:__________________

____

Turn Over...

____

Physician Signature / Date Signed

REVIEW OF YOUR BODY SYSTEMS: Do you have now or have you ever had any of the following:

		No	Yes
1.	Colitis	______	______
2.	Rectal Bleeding	______	______
3.	Change in Bowel Habits	______	______
4.	Black, Tarry Stools	______	______
5.	Chest Pain	______	______
6.	Cough Blood	______	______
7.	Shortness of breath	______	______
8.	Eye Problems	______	______
9.	Ears, nose, throat problems	______	______
10.	Thyroid problem	______	______
11.	Lung Disease	______	______
12.	Gallbladder Disease	______	______
13.	Venereal Disease	______	______
14.	Kidney Stone(s)	______	______
15.	Blood in Urine	______	______
16.	Epilepsy	______	______
17.	Nervous Disorder	______	______
18.	Depression	______	______
19.	Stroke	______	______
20.	Blood Disease or Anemia	______	______
21.	Any other not listed	______	______

Please Explain any “YES” answers: ______________________________

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