

History Form - Foot / Ankle Pain

Pain is _____ constant _____ comes & goes Rate the pain 1-10 (10 is worst) _____

pain is _____ sharp _____ dull _____ stabbing _____ achy _____ burning

When did the pain begin? _____ Gradually began to hurt _____ Had an Injury _____

Mechanism of Injury _____

Did or does your foot or ankle "pop" _____ Did or does it swell? _____

Did the joint dislocate or subluxate? _____ any mechanical symptoms (catching, locking, popping)? _____

Specific spot that hurts - medial lateral dorsal plantar posterior

what makes it worse? _____ walking _____ running _____ going up or down stairs

_____ changing direction (cutting or pivoting) _____ jumping or landing

_____ do you have night pain? _____ pain wakes you from sleep?

Have you had pain before in this ankle / foot? _____

Any history of foot or ankle problems as a child? _____

Any previous foot or ankle surgeries? _____ Year _____ Hospital / Doctor _____

Major illnesses _____ Cancer(s) _____

Family history of foot or ankle problems? _____

Do you also have leg pain? _____ pain down the leg? _____

numbness or tingling in foot or toes? _____

have you had any of the following - fever, fatigue, night sweats, weight loss, pain at night, IV drug use

Tegener activity level (0-10) _____ Sport or Job _____

Treatments _____ NSAIDS _____ Pain meds _____ steroid injections _____ HA injections

_____ PRP / stem cell _____ surgery (scope, open) _____ PT _____ Brace