VERO ORTHOPAEDICS NEUROLOGY

THE STRENGTH OF EXPERIENCE

New Patient Worksheet
Foot & Ankle – Kent Smillie, M.D.

Name: _____ DOB: _____ Date: _____

Reason for visit: Foot: ☐ Left ☐ Right ☐ Both Feet

Ankle: ☐ Left ☐ Right ☐ Both Ankles

Please describe reason for your visit and/or symptoms in detail:

_____

_____

_____

Are you diabetic? ☐ Yes ☐ No Do you have neuropathy? ☐ Yes ☐ No

Do you have a history of gout? ☐ Yes ☐ No Do you have rheumatoid arthritis? ☐ Yes ☐ No

Have you ever had a previous injury on this same foot or ankle: ☐ Yes ☐ No Describe: _____

_____

Have you ever been hospitalized for this problem: ☐ Yes ☐ No Describe: _____

_____

Have you ever had an infection after surgery? ☐ Yes ☐ No If so, what type? _____

Who referred you to Vero Orthopaedics & Neurology? _____

Have you ever had foot or ankle surgery on either side? ☐ Yes ☐ No If yes, please give year, type of surgery, and name of surgeon, if able._____

How long have you had this pain? ____ Years ____ Months ____ Weeks ____ Days

Is it worse in the ☐ Mornings or ☐ Evenings?

Is this a Workers' Compensation injury? ☐ Yes ☐ No If yes, where do you work and what is your date of injury (DOI)? _____

Is this a second opinion of another physician? If so, which physician?_____

Are you in litigation, or do you have a lawyer for this injury? ☐ Yes ☐ No

Additional Comments:

_____

_____

_____

What is your height? _____ What is your weight? _____

PLEASE GO TO THE NEXT PAGE

Name: _____ DOB: _____ Date: _____

Location of pain: left right bilateral / foot ankle other:

Quality: aching / burning / dull / piercing / sharp / throbbing

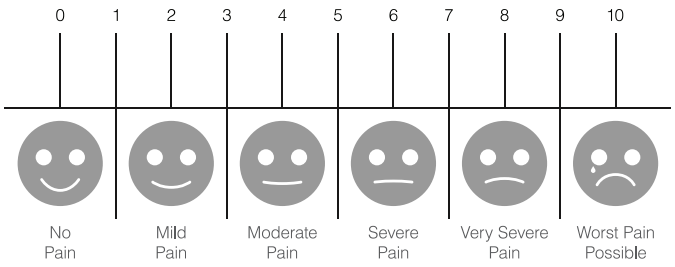
Pain aggravated by: standing / walking / stair climbing / pushing off / nothing / other

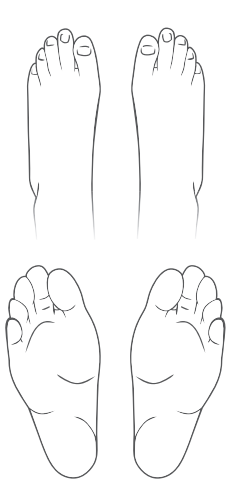
Pain relieved by: rest / heat / ice / elevation / medication / mobility / stretching / other

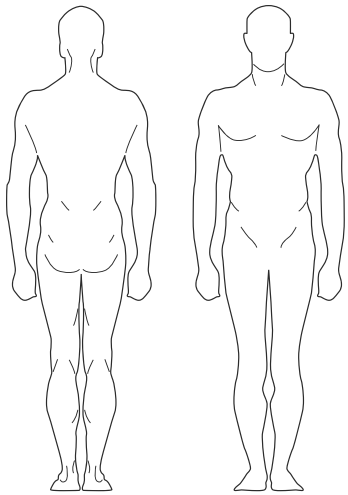
Other associated symptoms:

Y/N bruising	Y/N numbness	Y/N tenderness
Y/N decreased mobility	Y/N swelling	Y/N weakness
Y/N locking	Y/N tingling	

Mark the area of the foot/ankle where pain is most severe and please mark the face that represents your pain level.







Notes: