PATIENT INFORMATION SHEET
RAMI I. CALIS, DPM

NAME: ________________________________ DOB: ______________________

AGE: ________ RACE: ________ MARTIAL STATUS: ____________ SEX: M OR F

OCCUPATION: ___________________ # OF YEARS AT OCCUPATION: ______

TPYE OF WORK: SITTING______ HEAVY LABOR______ STANDING______
OTHER____

HOBBIES: TENNIS______ SWIMMING_______ GOLF______ RUNNING______
OTHER____

REFERRING PHYSICIAN: ____

REASON FOR VISIT (WHAT IS BOTHERING YOU):

____

____

WHEN DID IT START? _______________

IS THIS A WORKERS COMPENSATION/PERSONAL INJURY? ______________

IF YES, DATE OF INJURY_________________ WAS IT SUDDEN OR GRADUAL

WAS THERE AN ACCIDENTOR SOME OTHER ACTIVITY THAT BROUGHT THIS ON?

____

____

WHERE ARE YOUR SYMPTOMS (PAIN)? ________________________________

PLEASE RATE THE PAIN 0 TO 10. (10 WORST POSSIBLE)__________________

DOES THE PAIN RADIATE? YES OR NO

DO YOU HAVE OTHER SYMPTOMS WITH THIS?
REDNESS______ NUMBNESS______ TINGLING______ WEAKNESS______
SWELLING_____

ARE YOUR SYPTOMS PRESENT:
CONSTANTLY______ INTERMITTENTLY______ AT NIGHT______
WHEN WAKE UP______ DOES IT WAKE YOU AT NIGHT? ______

TYPE OF PAIN: DULL____ SHARP____ SHOOTING____

ARE YOUR SYMPTOMS AIDED BY
REST______ MEDICATION______ SPLINTS______ HEAT/COLD PACKS______

HAVE YOU HAD OR TRIED ANY TREATMENT? (DESCRIBE IN FULL)____
____

FAMILY HISTORY:

DIABETES
ARTHRITIS
CANCER
GOUT
BLEEDING DISORDER
OTHER:

MEDICAL HISTORY☹PLEASE CIRCLE ANY CONDITIONS THAT APPLY)

AIDS/HIV
ANIEMIA
ARTHRITIS
ASTHMA
BLEEDING PROBLEMS
BLOOD CLOTS
CANCER
DIABETES
GOUT
HEART DISEASE
HEPATITIS
HIGH BLOOD PRESSURE
KIDNEY PROBLEMS
LEG CRAMPS
LIVER DISEASE
PHLEBITIS
POOR CIRCULATION
SEIZURES
SICKLE CELL
STOMACH ULCERS
STROKE
THYROID DISEASE
OTHER:

LIST ALL MEDICATIONS CURRENTLY TAKING:
____
____

ALLERGIES: CIRCLE ANY MEDICINES THAT YOU ARE ALLERGIC TO

CODEINE
IODINE
SULFA
LATEX
DEMEROL
PENICILLIN
NOVACAINE
OTHER:

LIST ALL OPERATIONS/SURGERIES YOU HAVE HAD:
____
____
____

DO YOU: SMOKE______ DRINK ALCOHOL______ USE DRUGS______
IF YES HOW MUCH? ____

HEIGHT: ________________ WEIGHT: ____________________