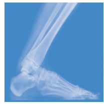

DR. DAVID C. STEGE
DIPLOMATE AMERICAN BOARD OF PODIATRIC SURGERY

Patient Medical History

Last Name ___________________________ First Name _______________________ Middle I ____ Todays Date _____________________

Date of Birth _____________________ Age _______ Height ________ Weight _________

Are you in good general health? ❏ Yes ❏ No Have you been under a doctors care in the past two years? ❏ Yes ❏ No

Females: Are you pregnant? ❏ Yes ❏ No Are you allergic to any medication or substance? ❏ Yes ❏ No

Allergies:____

PAST MEDICAL HISTORY: (Please check any of the following you have experienced.)

❏ AIDS
❏ Anemia
❏ Anxiety Problem
❏ Arthritis
❏ Asthma
❏ Bipolar Disease
❏ Cancer
❏ Colon Polyp
❏ Congestive Heart Failure
❏ COPD/Emphysema
❏ Deep Venous Thrombosis
❏ Depression
❏ Diabetes
❏ Diverticulosis
❏ Ear Trouble
❏ Endometriosis
❏ Enlarged Prostate
❏ Fibromyalgia
❏ Gastritis
❏ Glaucoma
❏ Gout
❏ Head Injury
❏ Heart Attack/Angina
❏ Hepatitis C
❏ High Blood Pressure
❏ HIV
❏ Irregular Heart Beat
❏ Irritable Bowel Syndrome
❏ Jaundice
❏ Kidney Disease
❏ Kidney Stones
❏ Liver Disease
❏ Lupus
❏ Osteoporosis
❏ Peripheral Vascular Disease
❏ Polio
❏ Psychological/Psychiatric Problem
❏ Rheumatic Fever
❏ Seizures
❏ Sexually Transmitted Disease
❏ Stroke
❏ Thyroid Disease
❏ Tuberculosis
❏ Ulcers

Other Medical Problems: ____

____

Please list ALL medication or drugs you are presently taking: ____

____

____

SOCIAL HISTORY:

Do you smoke now? ❏ Yes ❏ No _____ packs/day Smoke in the past? ❏ Yes ❏ No _____ packs/day _____ # years

Do you drink alcoholic beverages? ❏ None ❏ Quit ❏ Rarely ❏ Moderately ❏ Daily

Do you have a history of drug or alcohol abuse? ❏ Yes ❏ No

List any sports or activities ____

How much time are you on your feet at work? ❏ 10% or less ❏ 20% ❏ 40% ❏ 60% ❏ 80% ❏ 100%

Patient Signature:____