AKAMAI FOOT DOCTOR, LLC ***Dr. Nathalie E. Sowers***

Name: _____

Occupation: _____ **Shoe Size:** _____

What is the main reason you are seeing the doctor today? _____

_____

For how long has this problem persisted? _____

How would you describe the sensations/occurences related to your complaint?

☐ Tingling	☐ Sharp	☐ Throbbing	☐ Stinging	☐ Sleeping	☐ Running	☐ Standing
☐ Tender	☐ Dull	☐ Numb	☐ Burning	☐ Resting	☐ Walking	☐ Stepping

Other: _____

MEDICAL HISTORY: Please mark any past or present conditions for which you receive(d) treatment.

☐ Arch Pain	☐ Diabetes	☐ Epilepsy	☐ Chronic Diarrhea
☐ Ankle Pain	☐ AIDS/HIV	☐ Eye Problems	☐ Radiation Treatment
☐ Athelete's Foot	☐ Anemia	☐ Fainting	☐ Artificial Heart Valves
☐ Bunions	☐ Angina	☐ Tuberculosis	☐ Respiratory Disease
☐ Corns and Calluses	☐ Arthritis	☐ Phlebitis	☐ Rheumatic Fever
☐ Cramps in Feet, Legs	☐ Ulcers	☐ Psychiatric Care	☐ Shortness of Breath
☐ Numbness in Feet, Legs	☐ Rash	☐ Heart Disease	☐ High Blood Pressure
☐ Flat Feet	☐ Asthma	☐ Venereal Disease	☐ High Cholesterol
☐ Heel Pain	☐ Neuropathy	☐ Kidney Problems	☐ Low Blood Pressure
☐ Ingrown Toenails	☐ Cancer	☐ Liver Problems	☐ Hepatitis or Jaundice
☐ Plantar Warts	☐ Stroke	☐ Artificial Joints	☐ Bleeding Disorders
☐ Swelling in Feet, Ankles	☐ Chest Pain	☐ Back Problems	☐ Circulatory Problems
☐ Gout	☐ Hemophilia	☐ Knee Problems	☐ Chemical Dependency

Other: _____

☐ Cigarette/Tobacco Use If so, how much/often? _____

☐ Alcohol Consumption If so, how much/often? _____

☐ Caffeine Consumption If so, how much/often? _____

☐ Exercise If so, in what form/how often? _____

☐ Are you pregnant? _____

ALLERGIES: ☐ None

☐ Aspirin	☐ Sulfas	☐ Seafood/Shellfish	☐ Iodine/Betadine	☐ Latex
☐ Codeine	☐ Penicillin	☐ Local Anesthetics	☐ Adhesive Tape	☐ Steroids

Other: _____

SURGERY HISTORY: _____

_____

MEDICATIONS (include prescriptions, over-the-counter medications, and vitamins)**:** _____

_____

_____

Treatment Consent: I hereby give consent and permission to Dr. Nathalie Sowers (and Dr.'s assistants or designated replacement) to administer and perform such procedures upon me as the doctor deems necessary.

Signature	**Print**	**Date**