SIMED
SOUTHEASTERN INTEGRATED MEDICAL

Foot & Ankle Center
Angel Cuesta, DPM

Patient History Form
Please fill out the following confidential form for our records

Patient Name: ______________________________ Age: _____ Height: _____ Weight: ______ Shoe Size: _____
Current Foot or Ankle Problems: ______________________________

____

When did the problems start? ______________________________
What has been done to treat the problem? ______________________________
Are you now, or have you ever been, under a physician's care in the past two years? ______________________________
If yes, please explain: ______________________________

____

Name of Former Podiatrist: ______________________________ Date last seen: ______________________
What conditions were you treated for? ______________________________

MEDICAL HISTORY REVIEW
Have you had, or are you currently having, any of the following symptoms?

☐ Diabetes II – E11.0	☐ Asthma/Bronchitis-J45.90	☐ Thyroid Disease-E07.9	☐ Skin Rash-R21
☐ Diabetes I – E10.0	☐ COPD-J44.9	☐ Kidney Disease-N28.9	☐ Psoriasis-L40.9
☐ Diabetic Ulcer-E11.621	☐ Smoker-F17.200	☐ Dialysis-V45.11	☐ Depression-F32.9
☐ Peripheral Neuropathy-G62.9	☐ Heart Attack-121.3	☐ Kidney Transplant-z94.0	☐ Anxiety-F41.9
☐ Peripheral Vascular Dis-173.9	☐ Atrial Fibrillation-148.91	☐ Trouble w/ balance-R26.89	☐ Anemia/Blood-D64.9
☐ Arthritis-M19.90	☐ Congenital Heart Dis-Q24.9	☐ Dizziness-R42	☐ Bleeding Disorders-D68.9
☐ Rheumatoid-M06.9	☐ Heart Disease-151.9	☐ Headaches-R51	☐ Liver Disease-K76.9
☐ Joint/Motion/Pain-M25.50	☐ Heart Transplant-294.1	☐ Change in Memory-R41.3	☐ Cirrohsis-K74.60
☐ Gout-M10.9	☐ Ulcer/Reflux-L98.499	☐ Alzheimer's Disease-G30.9	☐ Hepatitis-K75.9
☐ High Blood Pressure-110	☐ Epilepsy/Seizures-G40.99	☐ Rheumatic Fever-100	☐ Liver Transplant-z94.4
☐ Fibromyalgia-M79.7	☐ HIV/AIDS-042	☐ Glasses/Contacts-Z97.3	

Please explain any positive responses above: ______________________________

____

____

MEDICATIONS (Please include dosage): ______________________________

____

____

ALLERGIES (Medications, Tape, Latex, Food, etc…) ☐ No Known Allergies

____

____

SURGERIES / HOSPITALIZATIONS (Describe procedure, year and any complications): ______________________________

____

____

SOCIAL HISTORY: Occupation: ______________________ Tobacco Use: ☐ YES ☐ NO If yes, how much?____________
Alcohol: ☐ YES ☐ NO If yes, how much? __________________ Illicit Drugs: ☐ YES ☐ NO If yes, how much? ___________

FAMILY HISTORY: (Diabetes, heart disease, gout, cancer, foot problems, other): ______________________________

____

I hereby give Angel L. Cuesta, D.P.M permission to diagnose and administer treatment for my foot condition and authorize release of information obtained in the course of my treatment.

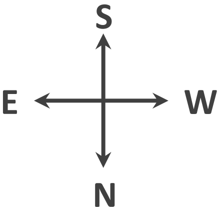
Patient Signature: ______________________________ Date: ________________________

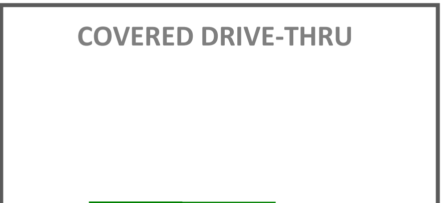
Reviewed by: ______________________________ Date: ________________________

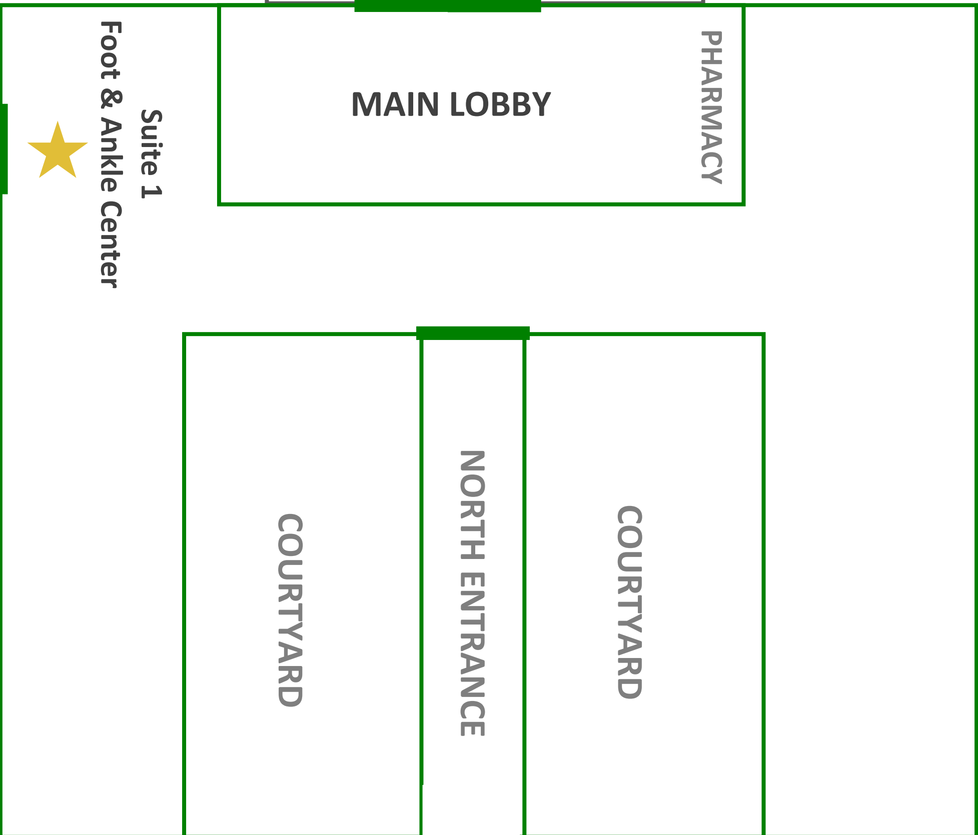
Suite 1 – SIMED Foot & Ankle Center

4343 W Newberry Road, Gainesville, FL 32607
(352) 331-3077 | **SIMED**Health.com

Dark Green – Ground Floor







PARKING LOT

PARKING LOT

From East parking lot, enter Suite 1
If you are facing the east side of the building, this will be the entrance on the far left.

Your Destination

43RD STREET

NEWBERRY ROAD