



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, Diabetes I - E10.0, Diabetic Ulcer-E11.621, Peripheral Neuropathy-G62.9, Peripheral Vascular Dis-I73.9, Arthritis-M19.90, Rheumatoid-M06.9, Joint/Motion/Pain-M25.50, Gout-M10.9, High Blood Pressure-I10, Fibromyalgia-M79.7, Asthma/Bronchitis-J45.90, COPD-J44.9, Smoker-F17.200, Heart Attack-I21.3, Atrial Fibrillation-I48.91, Congenital Heart Dis-Q24.9, Heart Disease-I51.9, Heart Transplant-294.1, Ulcer/Reflux-L98.499, Epilepsy/Seizures-G40.99, HIV/AIDS-042, Thyroid Disease-E07.9, Kidney Disease-N28.9, Dialysis-V45.11, Kidney Transplant-z94.0, Trouble w/ balance-R26.89, Dizziness-R42, Headaches-R51, Change in Memory-R41.3, Alzheimer's Disease-G30.9, Rheumatic Fever-I00, Glasses/Contacts-Z97.3, Skin Rash-R21, Psoriasis-L40.9, Depression-F32.9, Anxiety-F41.9, Anemia/Blood-D64.9, Bleeding Disorders-D68.9, Liver Disease-K76.9, Cirrohsis-K74.60, Hepatitis-K75.9, Liver Transplant-z94.4

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: Alcohol: Illicit Drugs:

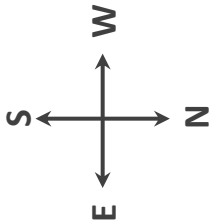
FAMILY HISTORY: (Diabetes, heart disease, gout, cancer, foot problems, other):

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:



Dark Green – Ground Floor

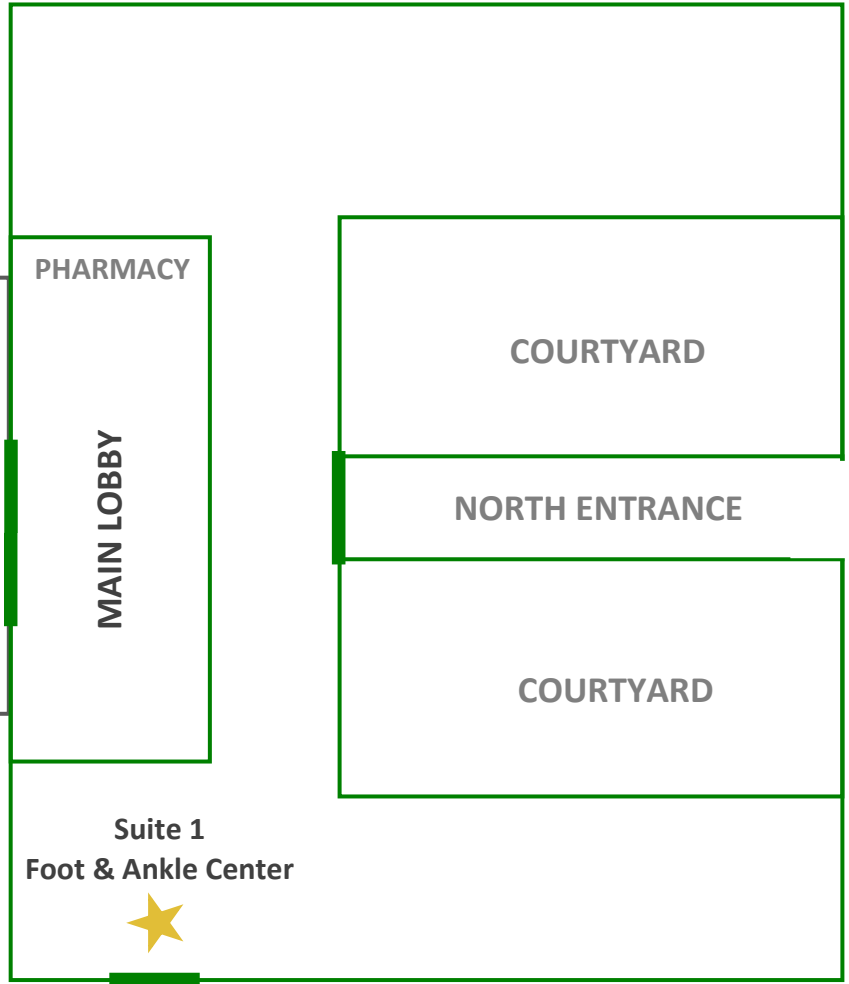


Suite 1 – SIMEDHealth Foot & Ankle Center

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(352) 331-3077 | SIMEDHealth.com

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



Suite 1
Foot & Ankle Center