

Foot & Ankle Questionnaire

Date: _____

Patient Name: _____

DOB: _____

Chief complaint:

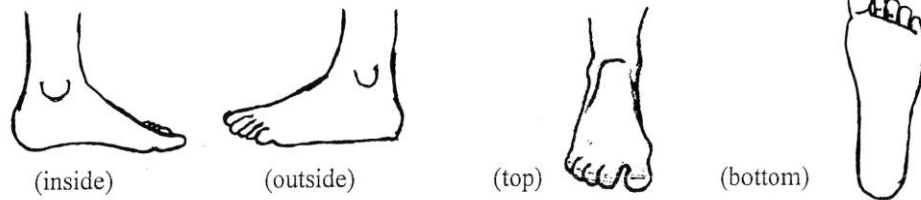
History of Present Illness:

• How long have you had the problem? _____

• Was there a traumatic event? If so, please explain.

- Describe your pain (circle all that apply)
- ☐ Sharp ☐ Aching ☐ Shooting ☐ Burning ☐ Dull ☐ Throbbing
- ☐ Electrical

Please mark the following diagram (XXXXXX) to show where your pain is located.



• What makes your pain better? _____

• What makes your pain worse? _____

• When do you notice your problem the most? _____

• Has there been any previous history to problems in the affected area? _____

• Have you had any treatment so far? If so, what type? _____
