

**MUSCLES AND BONES:**

Rheumatoid Arthritis, Osteoarthritis, Gout, Lupus, Other Arthralgias, \_\_\_\_\_  
Previous Foot / Ankle Fractures, Injuries, or Conditions \_\_\_\_\_

Muscle Disease, Muscle Achiness/Weakness, Multiple Sclerosis, Other, \_\_\_\_\_

**PSYCHOLOGICAL:**

Anxiety, Depression, Drug or Alcohol Dependency, Other, \_\_\_\_\_

**MISCELLANEOUS, (ENDOCRINE, NEURO, DERM):**

Thyroid Disease, (Hypo or Hyper), Epilepsy or Seizures, Neurological Disorders, Skin Problems, \_\_\_\_\_

**ANY OTHER MEDICAL PROBLEMS:**

**MEDICATIONS:**

**ALLERGIES TO MEDICATION AND/OR TAPE:**

**PAST SURGICAL HISTORY:**

**ANY PREVIOUS PROBLEMS WITH LOCAL OR GENERAL ANESTHESIA?**

**SOCIAL HISTORY:**

OCCUPATION: \_\_\_\_\_

HOBBIES OR PHYSICAL ACTIVITIES: \_\_\_\_\_

**DO YOU SMOKE?** YES OR NO      **IF YES, HOW MUCH PER DAY?** \_\_\_\_\_  
**DO YOU DRINK ALCOHOL?** YES OR NO      **HOW OFTEN?** \_\_\_\_\_ **DAY / WEEK**  
**FOR WOMEN: ARE YOU PREGNANT?** \_\_\_\_\_ **IF SO, HOW MANY MONTHS OR WEEKS ALONG?** \_\_\_\_\_