

# DR. ALBERT LI

PODIATRIC MEDICINE, SURGERY & SPORTS MEDICINE

## Patient Information Sheet

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Age \_\_\_\_ Sex M/F

Occupation \_\_\_\_\_ Sports/Activities \_\_\_\_\_ DOB(M/D/Y) \_\_\_\_\_

Family doctor (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Whom may we thank for referring you here? \_\_\_\_\_

Medical conditions \_\_\_\_\_

Do you have diabetes? \_\_\_\_ hepatitis? \_\_\_\_ kidney problem? \_\_\_\_ AIDS? \_\_\_\_ family history of diabetes? \_\_\_\_

If female, are you pregnant? \_\_\_\_ breast-feeding? \_\_\_\_ Will you have prolonged bleeding after a cut? \_\_\_\_

Current medications \_\_\_\_\_

Do you have any allergies to medication? \_\_\_\_\_ tape? \_\_ latex? \_\_ What will happen? \_\_\_\_\_

Serious illness/hospitalization/surgery within 5 yrs \_\_\_\_\_

Previous foot injury/surgery \_\_\_\_\_

Did you ever smoke in your life? \_\_\_\_ For how long? \_\_\_\_\_ How many packs/day? \_\_\_\_ Quit? \_\_\_\_

Do you drink alcohol? \_\_\_\_ How much? \_\_\_\_\_

**Reason you are here today** \_\_\_\_\_

↓ Please leave for doctor ↓

### Vascular R L CFT

DP  
PT

### Neuro

Prot. Thresh.

### Derm

Nails onychocryptotic  
Dystrophic  
Tinea

R L  
F T T F

R L  
5 4 3 2 1 1 2 3 4 5  
pinch pinch

### MSK

Foot type RCSP everted ⊥  
HAV ↓ stiffness to rays  
Equinus Hallux limitus  
FF valgus LLD  
Pain with palpation @ PF insertion  
Heel raise-pain @

R L  
5 4 3 2 1 1 2 3 4 5

### Assessment/Plan

Rx  
Xray