

IRWIN B MALAMENT, DPM, PC

What is your Foot Complaint: _____

Allergies to Medications: _____

Current Medications: (or attach list) _____

Surgical History: _____

Height: _____ **Weight:** _____ **Smoking Status:** Current Former Never
(Circle One)

Please Circle What Applies to Your Health History:

AIDS/HIV	Arthritis	Artificial Joints	Asthma	Back Pain
Bleeding Disorder	Blood Clot	Cancer	Deep Vein Thrombosis	Diabetes
Dialysis	Edema	Fibromyalgia	Frost Bite	Gout
Heart Disease	Hepatitis	Hypertension	Kidney Disease	Leg or Foot Ulcers
Liver Disease	Lung Disease	Organ Transplant	Pulmonary Embolism	Raynaud's Disease
Rheumatoid Arthritis	Seizures/Epilepsy	Stroke	Thyroid Problems	Varicose Veins

Any other health concerns not listed: _____

If Diabetic, Who is managing Diabetic Care? _____

Do you have a Pain Contract with another Physician? Yes No (Please Circle)

If yes, Name of Physician: _____

Do you have a Living Will in place (age 65 and over) ? Yes No (Please Circle)