

Patient Update Questionnaire

1. Have you been prescribed any new medications since your last visit? yes no

2. What are these medications? _____

3. Are you allergic to any medications? _____

4. If you are Diabetic:

a. When was your last visit to your primary physician? _____

b. What was your fasting blood sugar level this morning? _____

c. What was your latest A1C level? _____

5. Have you had an injury to your foot since your last visit? yes no If yes, please explain: _____

6. Have you had any surgeries since your last visit? yes no If yes, please explain: _____

7. On a scale of 1-10 with 10 being the highest, how would you rate your pain today?

1 2 3 4 5 6 7 8 9 10

8. Are you experiencing any other foot ailments besides what your appointment is scheduled for today? yes no If yes, please explain: _____

9. Have you been diagnosed with a new condition by another doctor? yes no If yes, please explain (include date diagnosed & treatment): _____

10. Do you have a living will or an advanced directive for end-of-life medical care? yes no If no, name a person who will make decisions for you _____

Please be aware that we have allotted a specific amount of time for your appointment today. If there are other foot ailments or concerns that you would like Dr. Vail to address at this visit we will make every effort to accommodate you, but we may have to re-appoint you to be able to afford you and all our patients quality time with their appointment.

Print Name (Please Print): _____ Date: _____

Patient Signature: _____