Timpanogos Foot & Ankle
Dr. Spencer L. Mortensen DPM

PATIENT HEALTH HISTORY

All Information contained in this history is strictly confidential and will be considered a part of your medical record

Name: _____Date:_____
Primary Care Doctor: _____
How did you find out about our office?_____
Chief Complaint: What is the reason for your visit today?
_____
_____
_____

Past Medical History: Please check all that apply to you:

- ☐ **None**
- ☐ Arthritis (Osteoarthritis/Rheumatoid)
- ☐ Depression
- ☐ Heart surgery
- ☐ Stroke
- ☐ Epilepsy/Seizures
- ☐ Cancer: _____
- ☐ Diabetes
- ☐ Heart disease
- ☐ High blood pressure
- ☐ Previous Foot Pain/Surgery
- ☐ Psychiatric Disease

Please list any other medical condition(s) your primary doctor or other doctors have diagnosed: _____

Previous Surgeries: Please list past surgeries with approximate date:

Procedure	***Date***
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Medications: Please list any medications you are taking with dose and frequency:

Medication	***Dose/Frequency***
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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Allergies: please list any medical allergies that you have:

Medication	***Describe Reaction***
_____	_____
_____	_____
_____	_____

Family History: Any blood relative who has or had:

- ☐ **None**
- ☐ Aneurysm
- ☐ Asthma
- ☐ Cancer, Type: _____
- ☐ Depression
- ☐ Diabetes
- ☐ Epilepsy/Seizures
- ☐ Heart disease
- ☐ Heart surgery
- ☐ High blood pressure
- ☐ Kidney Disease
- ☐ Lung Disease
- ☐ Migraine
- ☐ Multiple Sclerosis
- ☐ Psychiatric Disease
- ☐ Stroke
- ☐ Thyroid Disease
- ☐ Previous Foot Pain/Surgery

Social History:

Do you drink alcohol? ☐ Yes ☐ No ☐ Quit

Do you smoke or use tobacco? ☐ Yes ☐ No ☐ Quit

If yes, circle which best describes you?

Current every day smoker Current occasional smoker

Comments:

_____
_____
_____
_____
_____
_____

150 North Main, Suite 202 Heber City, UT 84032 Phone: (435) 671-4726 Fax: (435) 654-4026