

STEP AHEAD PODIATRY - CHIEF COMPLAINT

NAME: _____

Date: _____

I am coming to Step Ahead Podiatry for: _____

The location of my problem is (mark below on the appropriate diagram):



Do you associate anything with the start of your symptoms? _____

How long has this been bothering you? _____

Does this problem cause you pain, or hard to describe sensations? Yes No

If so, the best words describing the sensation are: sharp aching throbbing

burning tingling shooting numbness swollen itching

Other: _____

What makes it better? _____

What makes it worse? _____

Have you noticed any other symptoms (swelling, etc.) that seem associated with your chief complaint? _____

Has it improved since it started? Yes No Pain on a scale of 1-10: _____/10

What have you tried to relieve your symptoms? _____

Do you have any other problems with your feet you would like us to check? _____
