ARBOR-YPSI FOOT & ANKLE CENTERS

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PATIENT NAME DATE

REVIEW OF SYSTEMS

	YES	NO
THICK NAILS		
BUNION/HAV		
VARICOSE VEINS		
SWELLING OF FEET		
DIZZYNESS		
EXTREMITIES COLD		
STROKE OR CVA		
SHORTNESS BREATH		
PERSISTANT COUGH		
TUBERCULOSIS		
TBI		
DEMENTIA		
ANEMIA		
BLEEDING DISORDER		
DEPRESSION		
ANXIETY		
IS PATIENT ACTIVE		
IS PATIENT UNDER CARE		

	YES	NO
DEFORMED NAILS		
INGROWN NAIL		
CORNS/CALLUSES		
SKIN CANCERS		
BURSITIS		
HAMMER TOES		
ANKLE PAIN		
ARTHRITIS		
PAINFUL TOE(S)		
HEEL PAIN		
JOINT STIFFNESS		
LOW BACK PAIN		
BROKEN BONES		
MUSCLE PAIN WEAKNESS		
FOOT PAIN		
PERIPHERAL VASCULAR DISEASE		
NUMBNESS		

PNEUMONIA VACCINE DATE:

INFLUENZA VACCINE DATE: