

Foot & Ankle HPI

Today's Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Location:**

What body part are you being seen for today? \_\_\_\_\_  Right  Left  Bilateral

Is this a fracture?  Yes  No

**Quality:**

How would you describe your pain?  dull ache  sharp  numbness  tingling  radiating  shocking  
 burning  other: \_\_\_\_\_

**Severity: (Please answer one of the following)**

On a scale of 0 – 10 (0= no pain, 10=intolerable) my pain is a \_\_\_\_\_. (or) My pain is  mild  moderate  severe.

**Duration:**

If this began as a result of an injury, what was your date of injury? \_\_\_\_\_

If no known injury occurred, when did your symptoms begin? \_\_\_\_\_

**Timing:**

How often do your symptoms occur?  daily  weekly  monthly  morning  evening  after activity  
 intermittent  constant  other \_\_\_\_\_

**Context:**

How did this injury or problem first occur? \_\_\_\_\_

Was this a result of an:  Motor vehicle accident?  Work injury?  Other \_\_\_\_\_

What are you doing when you notice your symptoms? \_\_\_\_\_

**Modifying Factors:**

What aggravates (increases) your symptoms?  walking  running  standing  weightbearing  kicking  
 jumping  ascending or descending stairs  walking on uneven terrain  sports: \_\_\_\_\_  
 other: \_\_\_\_\_

What relieves (decreases) your symptoms?  ice  heat  rest  elevation  immobilization  stretching  
 other: \_\_\_\_\_

**Associated signs and symptoms:**

What other symptoms are associated with your pain?  swelling  popping/clicking  catching/locking  
 feels unstable  weakness  bruising  other: \_\_\_\_\_

\*Have you been seen by anyone else (ER, Family practice) regarding this problem?  No  Yes, please describe  
\_\_\_\_\_

\*Please list **any previous tests** (MRI, x-rays, CT scan, etc) or **treatments** (injections, PT, bracing, surgery, etc.)  
you have had for this problem (include dates & where performed): \_\_\_\_\_

\*Have you ever had a previous injury or surgery to this area?  No  Yes, please describe (include dates):  
\_\_\_\_\_