

**MEDICAL HISTORY**

Are you Diabetic? Yes \_\_\_ No \_\_\_

Have you ever received shoes from Medicare? Yes \_\_\_ No \_\_\_ If so, Date \_\_\_\_\_

Are you an amputee? Yes \_\_\_ No \_\_\_ Reason for Amputation \_\_\_\_\_

1st date of amputation \_\_\_\_\_ Lt or RtAK / BK / AE / BE / FOOT / TOE  
Side Amputation

2<sup>nd</sup> date of amputation \_\_\_\_\_ Lt or RtAK / BK / AE / BE / FOOT / TOE  
Side Amputation

Are other amputations anticipated within the next twelve months? \_\_\_\_\_

Activity level: Low (K1) Medium (K2) Active (K3) Highly Active (K4)  
(Please circle one) (Wheelchair) (Sports, Jogging)

General Health: Poor Fair Good Excellent  
(Please circle one)

Have you ever had any of the following:  
(Please check all that apply)

- |                          |                      |                            |                          |
|--------------------------|----------------------|----------------------------|--------------------------|
| ___ Heart Problems       | ___ Hepatitis A or B | ___ Vision Problems        | ___ Parkinson Disease    |
| ___ Hypertension         | ___ HIV Positive     | ___ Vascular Disease       | ___ Alzheimer Disease    |
| ___ Rheumatoid Arthritis | ___ Stroke           | ___ Obesity                | ___ Psychiatric Problems |
| ___ Diabetic             | ___ Osteoarthritis   | ___ Alcoholism             | ___ Kidney Disease       |
| ___ MRSA                 | ___ Know Allergies   | ___ Pulmonary Disease (TB) |                          |

List any other conditions that you feel might affect your treatment (Including dates and descriptions of surgeries)

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