Advanced Foot and Ankle of Indian River
Amberly Paradoa, DPM, FACFAS Timothy Caballes, DPM, FACFAS Robby Caballes, DPM, AACFAS
3735 11th Circle 13852 US Hwy 1
Vero Beach, Florida 32960 Sebastian, Florida 32958
(772)299-7009

Patient History

Date: _____/_____/___________

Patient Name: ____ DOB: ___________________________________

Reason for Visit/ Chief Complaint: ____

Height: _________ Feet _________ Inches Weight: __________ Occupation: _________________________ Shoe size: _________

Flu Vaccine: Where? ____ When? ____

Diabetic: ______ Yes ______ No Date Diagnosed: __________________ Type 1 or Type 2 Last A1c or BGL: ____________________

Alcohol Consumption: _____ Yes ____ No If Yes how often and what type of alcohol? ____

Tobacco Use: ____ Yes ____ No ____ Quit If Yes how many packs per day? ______ If Quit When? ____

Recreational drug use: ___ Yes ___ No ___ Recovering If Yes or Recovering what drug? ____

- Check the box to the right that applies to **YOUR** Medical/Surgical history.

High blood pressure		COPD		Gallbladder removed	
Cancer _________________		GERD		Appendectomy	
Arthritis		Multiple Sclerosis		Tonsillectomy	
Stroke		Neuropathy		Hysterectomy? Partial or Total	
Heart attack		High Cholesterol		Joint replacement? _______________	
PAD		TIA		Arthroscopic surgery? _____________	
HIV/AIDS		Cataract surgery? L / R / Bilateral		Skin cancers removed? ____________	
Hepatitis A/B/C		Numbness or tingling in feet		Foot or ankle injuries/ surgery	
Blood clot		Wounds? History / Current		Hernia repair	
Gout		Corrective lenses		Pacemaker	
Atrial Fibrillation		Hearing aids		Spinal surgery	
Hypothyroidism		Dentures		Cosmetic surgery	
				Vascular surgery	

- Check the Box on the right if it applies to your **FAMILY** (Blood Relatives only).

Diabetes type I		Stroke	
Diabetes type II		Heart attack	
High cholesterol		Coronary artery disease	
High blood pressure		Blood Clot	
Alzheimer's disease		Adopted no knowledge	

- **Please list all Medications:**

MEDICATION NAME	DOSAGE	HOW MANY TIMES A DAY

Medication Allergies: ____