

Podiatry Questionnaire

Please fill out this questionnaire in order to optimize your time with us.

We want to do our very best in caring for you.

Name _____

1. Where is the problem area? _____
2. Where is the pain, if any? _____
3. Please describe the pain (dull, burning, stabbing, sharp, electric) _____
4. How long have you had this problem, when did it start? _____
5. Was it caused by any injury or trauma, if so what? _____
6. Has the problem gotten better, worse, or stayed the same? _____
7. What makes the problem better? _____
8. What makes the problem worse? _____
9. Have you had any previous treatment for this? _____
10. Have you self-treated this problem, with prescription or non-prescription drugs? _____
11. What is your occupation? _____
12. Please describe your physical activity. _____
13. Have you recently changed your shoes or activity level? _____
14. What size shoe do you wear? _____
15. What type of shoes do you wear at:
work? _____ gym? _____ home? _____
16. Is there any other questions or concerns you would like to discuss with
Dr Kutchback? _____