Health Profile:

Purpose of the "Health Profile" is to develop a snapshot of your overall health and wellness, by developing a "client specific care plan" to meet your individual needs. ***Foreverfeet-footcare Ltd does not share any information with anyone; all forms and charting are kept confidential and secure***

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Name: _____ Date of Birth: _____

Address:_____

Phone: _____ email: _____

Family Doctor: _____ Phone: _____

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Ambulatory:

Do you have any balance issues? ☐ Yes ☐ No if so Describe:_____.

Do you use a Cane: ____ Walker:_____ Wheelchair:_____ Knee/foot/ankle brace:_____ Other:_____

Do you wear orthotics? ☐ Yes ☐ No If so, how long have you had them? _____

Do you wear support/compression stockings?:_____

Are your feet:

Painful:_____ Numb:_____ Tingling:_____ Burning:_____ Cold:____ Pale:____ Red:___ Purple/Blue:____ Achiness:_____ Tender/Sensitive:_____

Do your feet/lower legs:

Bruise easily: ___ spider veins:____ Varicose veins:____ feel Heavy:____ edema/swelling:_____ cuts: _____ if so, are they slow to heal:_____ Rash:____ Skin conditions:_____

Ulcer/wounds: _____ if so are you being monitored by a wound Nurse: _____

Are your toenails:

Normal:___ Thick:____ Misshapen:____ Ingrown:____ Discolored:____ Broken:____ Brittle:___ Missing:____ Flaky:____ Fungal:____ Peeingl:____ Infected:____

Do you have:

Dry feet:___ Sweaty Feet:___ Cracked heels:____ Callous build-up:____ Skin red/peely between toes:__

Corns:_____ Hammertoes:_____ Claw toes:_____ deformed toes:___ crossed over toes:____ itchy skin:____ Dark spots:_____ Moles:_____ Unusual marks/patches:_____

Are you or have you been treated for:

Fungal nails:_____ Fungal skin:_____ Gout:_____ Infections of the skin/feet/lower legs:_____

If so, when and with what treatment:_____

Have you had any of the following:

Broken bones:____ if so which bones:_____ Sprains:_____ Dislocations:_____

Torn Ligaments:_____ Achilles injuries:_____ Heel spurs:_____
Crushing injuries:_____ Plantar fasciitis:_____
Surgeries to feet/ankle/knees/hips/back:_____
amputations:_____

Allergies:

Do you have any allergies or sensitivities? ☐ Yes ☐ No

If so, please list: _____.

Diabetes:

Do you have diabetes? ☐ Yes ☐ No

a.☐ Type I - Insulin-dependent (insulin injections only)

b.☐ Type II - Non-insulin-dependent (diabetic pills)

c.☐ Type II - Insulin-dependent (diabetic pills and insulin)

Is your blood sugar level monitored ☐ Yes ☐ No If so, how often?_____.

Cardiovascular Function:

Have you had any of the following cardiovascular conditions?

☐ Heart Attack ☐Arrhythmia ☐ Blood Clot ☐Hypertension (High blood pressure)
☐ Pulmonary Embolism ☐ Hyperlipidemia (High cholesterol/triglycerides) ☐ Stroke or TIA
☐Hypokalemia (Low Potassium). ☐ Coronary Artery Disease ☐Hyperkalemia (High Potassium)
☐ Heart Valve Problem .☐Congestive Heart Failure ☐ Heart Valve Replacement –

Are you taking any blood thinners: ☐ Yes ☐ No If so, how often do you get your INR checked:_____.

Have you ever had ANY type of heart surgery? ☐ Yes ☐ No If so, which type?
_____.

Other conditions: _____.

Kidney Function:

Kidney Stones ☐ Yes ☐ No Kidney Disease ☐ Yes ☐ No Kidney Transplant ☐ Yes ☐ No
Have you had Gout? ☐ Yes ☐ No if so when was last flare up? _____

Do you take diuretics:_____

Liver Function:

Have you had any liver issues? ☐ Yes ☐ No Date: If yes, please list:
_____ _____
_____ _____ .

Endocrine Function:

Do you have thyroid problems? ☐ Yes ☐ No parathyroid problems? ☐ Yes ☐ No

Do you have adrenal gland problems? ☐ Yes ☐ No

Inflammatory Conditions:

Do any of the following apply to you?

☐ Migraines ☐ Fibromyalgia ☐ Rheumatoid ☐ Lupus ☐ Psoriasis
☐ Chronic Fatigue Syndrome ☐ Multiple Sclerosis ☐ Osteoarthritis
☐ Other autoimmune or inflammatory condition _____.

Cancer:

Do you have Cancer? ☐ Yes ☐ No If so, what type? _____
Have you ever had Cancer? ☐ Yes ☐ No If so, what type? _____
Is your Cancer in remission? ☐ Yes ☐ No If so, how long have you been in remission? _____

I acknowledge that the information I have provided is to the best of my knowledge and that the purpose of providing this information to Foreverfeet-footcare Ltd is for the sole purpose of ensuring the best possible care for my health needs. I understand and acknowledge that Foreverfeet-footcare Ltd will never share any of my information or any charting about my health or personal information.

_____ Date: _____

(Signature required) Client/POA