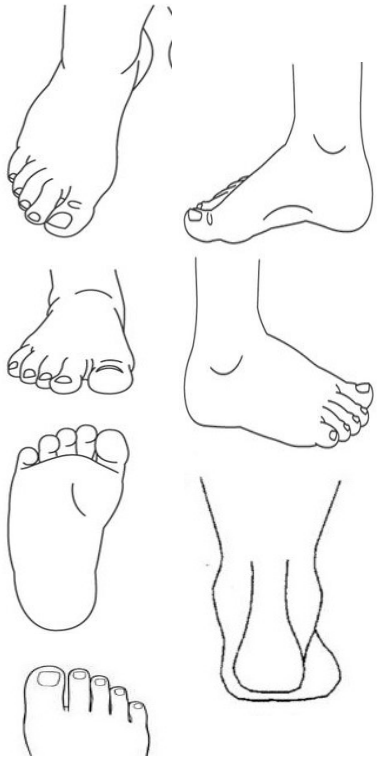
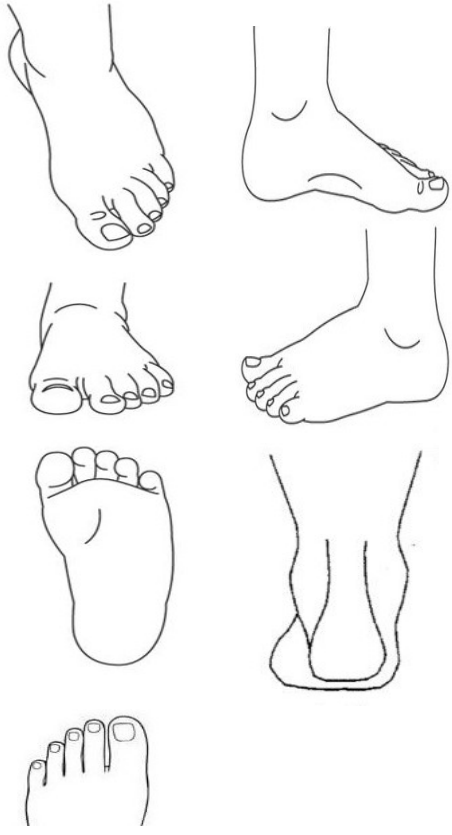
Shade the feet, toes and ankle pictures to show where you feel pain

RIGHT



LEFT



NEW PATIENT EVALUATION SHEET

Patient: _____ D.O.B.: _____ D. O.S: _____

CHIEF COMPLAINT:_____

1. **Approximately when did it start?_____**
2. **Did it begin gradually ( ), or Suddenly ( ), or Injury ( )**
3. **How long have you had the pain?_____**
4. **What is the injury date?_____**
5. **Did anything cause or contribute to the problem?_____**
   _____
6. **Have you ever had anything like this before? Yes ( ), No ( )**
7. **If so, was the problem resolved? _____**
8. **Does it radiate to any other part of the body? _____**
9. **Do you have symptoms in any other part of the body? Yes ( ), No ( )**
10. **Can you describe the sensation? Dull ( ), Sharp ( ), Burning ( ), Aching ( ), Gnawing ( ), Throbbing ( ), Shooting ( ), Constricting ( ), Fatigue ( ) Other ( ) _____**
11. **On a scale of 1 to 10 (1 is lowest, 10 is highest) what would you say your pain level is today? ___**
12. **Is the pain consistent ( ), Inconsistent( )**
13. **Is the pain getting better ( ), worse ( ), staying the same ( )**
14. **Have you found anything that makes the pain better?**
    (Such as rest, elevation, ice, over the counter products,medications)
    _____
    _____
15. **Have you previously sought professional care for this condition?___**
    _____
    _____
16. **What treatment did you receive?**
    _____
    _____
17. **Any other information we need to know about**
    _____
    _____