



Date \_\_\_\_\_

## Medical History Information

Your Dickson Orthotics & Prosthetics team is here to support you. Sometimes when we are speaking to your physicians or insurance, we are asked about your visit and condition. Please complete the following information completely and accurately, so that we can provide you with the finest care and most favorable results. Thank you.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

What brings you in our office today? \_\_\_\_\_

If you had an injury, please explain where you are injured and how the injury occurred:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where and when did the injury occur? \_\_\_\_\_

Are you allergic to any materials (plastic, fibers, etc.)? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list your allergies, excluding medications.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have diabetes? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you participate in any physical activities or exercise? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please specify what activities and how many times per week.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_