

Mid-Michigan Podiatry
Patient Visit Information

Name _____ Date _____

Please list up to 3 areas of concern you would like to discuss during your first visit with the doctor.

1. _____

2. _____

3. _____

Have you had any of the following health tests performed within the last year?

Blood work Yes No

Foot X-ray Yes No

Ankle X-ray Yes No

Vascular Testing Yes No

MRI of Foot Yes No

CT Scan of Foot Yes No

Doppler Study Yes No

If yes, what test was performed and where was it performed including blood work. _____

Do you currently wear orthotic? Yes No If yes: How long _____

Are they custom made Yes No If yes, who made them and when were they made _____