

FOOT/ANKLE NEW PATIENT EVALUATION FORM:

CC: R L B FOOT ANKLE BUNION ACHILLES OTHER:

HPI:

ANY TREATMENT FOR CURRENT PROBLEM: Y N :

PRIOR SURGERIES FOR CURRENT PROBLEM: Y N :

OP NOTES/MEDICAL RECORDS AVAILABLE AT TIME IE: Y N :

PRIOR/CURRENT IMAGING AVAILABLE: Y N

MRI - L R B FOOT ANKLE DATE: _____ DICOM SHIELDS CDI REPORT: Y N

CT - L R B FOOT ANKLE DATE: _____ DICOM OTHER: REPORT: Y N

XR - L R B WB NWB FOOT ANKLE DATE: _____ DICOM OTHER: REPORT: Y N

XR - L R B WB NWB FOOT ANKLE HFA AXIAL/LAT SESAMOID HP TODAY

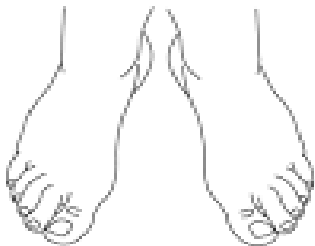
OTHER:

CURRENT SYMPTOMS:

EXAM: GENERAL APPEARANCE:

STANDING ALIGNMENT:

GAIT ANALYSIS:



OBS/SWELLING/DEFORMITY:

NV STATUS:

PALPATION:

ROM:

STRENGTH:

STABILITY:

IMAGING: HP DICOM UPLOADED DICOM DATE: _____

XR: L R B WB NWB 3V FOOT ANKLE HFA AXIAL/LAT SESAMOID STRESS

	LEFT	RIGHT
ANKLE	NL	NL
TRIPLE JOINTS	NL	NL
MIDFOOT	NL	NL
FOREFOOT	NL	NL
	HVA: IMA:	HVA: IMA:

OTHER IMAGING: MRI CT U/S SEE REPORT: Y N

IMPRESSION:

PLAN: MRI CT U/S DIAGNOSTIC INJXN/PAIN DIARY CORTISONE INJXN PT ORTHOTICS

BOOT: SHORT TALL SLC // NWB TDWB PWB WBAT // CUSTOM BRACE MALLEO ACHILLO SPORTS

STIRRUP NIGHT SPLINT

REFERRAL: PHYSIATRY NEURO EMG PAIN RHEUMATOLOGY PCP OTHER:

F/U: MD PA 1-2 WKS 4 WKS 6 WKS 8 WKS 3MO 6 MO 1YR PRN

SURGICAL PLANNING:

PREOP TEACHING: Y N