

PODIATRY QUESTIONNAIRE

2. Have you ever been treated for your feet by your Primary Care Physician or Podiatrist in the past? 2. Have you had your Daily Activities Modified due to your complaint? 3. Have you ever been prescribed Over the Counter Shoe Inserts? 4. Have you ever been advised to wear alternate footwear that provides a wide toe box? If so, have you worn them for more than 6 months and seen improvement? 5. Have you tried conservative treatment of any of the following modalities? 1. Splinting? Yes or No 2. Protective foot pads? Yes or No 4. Shoe Brace (Orthosis) If so, have you worn them for more than 6 months and were they beneficial? 5. Removal of corns or calluses? Yes or No
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A Llave you been Prescribed Anti-Inflammaton, Medication like Matrin, Alexa or Naprayon?
6. Have you been Prescribed Anti-Inflammatory Medication like Motrin, Aleve or Naproxen?
If so, was it beneficial?



CUESTIONARIO DE PODOLOGÍA

1. ¿Alguna vez ha recibido tratamiento para sus pies por parte de su médico de atención primaria o ¿Podólogo en el pasado?
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2. ¿Ha modificado sus actividades diarias debido a su queja?
3. ¿Alguna vez le han recetado plantillas para zapatos de venta libre?
3. Syligoria vez le fiari recetado piarinilas para zaparos de vertra libre?
4. ¿Alguna vez le han recomendado usar calzado alternativo que proporcione una puntera ancha?
Si es así, ¿los ha usado durante más de 6 meses y ha notado una mejora?
5. ¿Has probado algún tratamiento conservador de alguna de las siguientes modalidades?
Advanced Outbonnedic
1. ¿Entablillado? Yes or No
2. ¿Almohadillas protectoras para los pies? Yes or No
3. ¿Zapatos cómodos y bien ajustados? Yes or No
4. Soporte para calzado (órtesis) Si es así, ¿los ha usado durante más de 6 meses y ¿Fueron
beneficiosos?
5. ¿Eliminación de callos o durezas? Yes or No
6. ¿Le han recetado medicamentos antiinflamatorios como Motrin, Aleve o Naproxeno?
6. Ste Harriecerdao medicamentos arminilaritatorios como Montili, Aleve o Naproxerio?
Si as grí utua hanaticiasa?
Si es así, ¿fue beneficioso?