

Steven F. Berkey, DPM, FACFS

Board Certified in Foot Surgery

5804 Coit Rd. #100

Plano, TX 75023

972-424-3505

Patient Name

DOB

Initial Podiatric History

1) What is your main problem today? _____

2) How long have you had this problem? _____

3) When did your problem begin? _____

4) Was this due to an injury? _____
If yes, please describe _____

5) List in order any physicians or podiatrists you have seen for this problem along with any treatment you received? _____

6) How would you describe the pain? Burning, throbbing, dull, aching, other?

7) What make the problem worse? _____

8) What makes the problem better? _____

9) Are there any other associated signs or symptoms? _____

10) Do you have any other foot problems that you've noticed too? If yes, please describe below. _____

Thank you for your information.