

Foot and Ankle Problem

What specific problem(s) bring you to our office? (Such as Ingrown nails, Corns, Callus, Foot Pain, Wounds, Etc.)

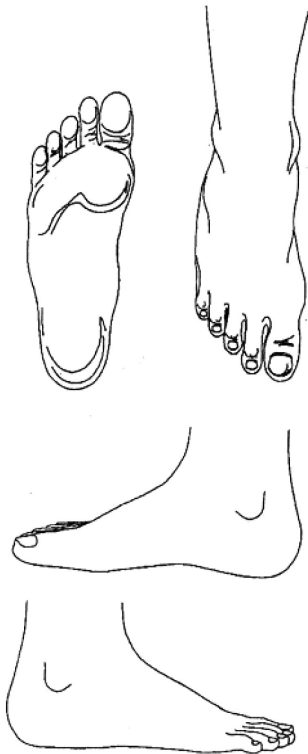
How long have you had this problem?

Have you had previous foot care?

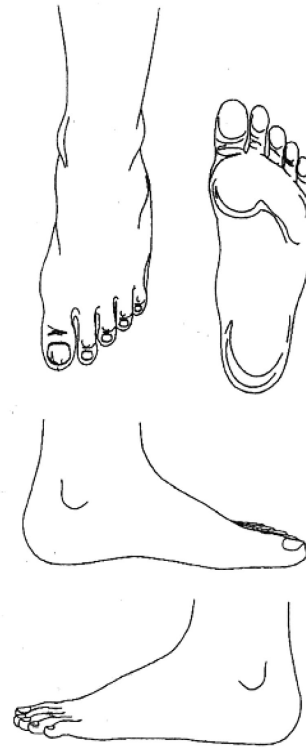
Yes

No

Right



Left



Patient Name

Date