



STRIDE

FOOT & ANKLE CENTER, LLC

Podiatric Medicine, Surgery & Wound Care

Dr. Claude Mayembe, DPM

COMPLETE ALL PART OF THIS FORM; PROVIDE DETAILED AND ACCURATE ANSWERS TO ALL QUESTIONS.

Last Name _____, First _____ D.O.B ____/____/____
 Address: _____, City: _____, State/Zip: _____
 Phone: _____, Email: _____
 Gender: M __, F __ Height: _____ Weight: _____ Shoe Size: _____
 Occupation: _____ At work, do you mostly: ___ Sit ___ Stand ___ walk
 Reason for today's visit: _____
 How long have you had this Problem (days, weeks, months, years)? _____
 Is the problem getting: _____ better, _____ the same, _____ getting worse?
 How did the problem start? ___ Injury, ___ Suddenly, ___ Other, explain _____
 Was the problem work related? ___ yes, ___ no. If yes, date of incident? _____
 What makes it better? _____, what makes it worse? _____
 What treatments have you or any other doctors tried, if any? _____
 Do you participate in any activities (sport, etc.)? _____
 What is your pain level? (no pain) __ 0 __ 1 __ 2 __ 3 __ 4 __ 5 __ 6 __ 7 __ 8 __ 9 __ 10 (worse pain)

Past Medical History: please circle if you have, or have had any of the following:

- | | | |
|-------------------------------|-------------------------------|---------------------------|
| High blood pressure | High cholesterol | Hyperthyroid |
| Hypothyroid | Heart attack/MI/Stroke | Heart disease |
| Angina | Cancer (type _____) | Anemia (type _____) |
| Heart failure | Bypass surgery | Hepatitis (type _____) |
| Bleeding problems | Mitral valve prolapse | Liver cirrhosis |
| Liver jaundice | Gallbladder disease | circulation problems |
| Retinopathy | Macular degeneration | Kidney infection |
| Kidney stones | Kidney failure | Blood clot in legs/lungs |
| Irregular heart beats/Murmurs | Seizures/Epilepsy | Kidney failure |
| Arthritis (type _____) | Gout | Psoriasis |
| Skin disorder | Immune disorders | Nervous system disorder |
| TB | Asthma/Bronchitis | Urinary/Bladder infection |
| Pneumonia | Prostate disease | AIDS or HIV+ |
| Emphysema | Anxiety | Depression |
| Psychiatric disorders | Diabetes (____year diagnosed) | Stomach bleeds/ulcers |

List any other medical conditions not listed above: _____

Past Surgical History: please list ALL surgeries and recent hospitalization and what year:

Medications: _____

4775 Jimmy Carter Blvd.
Suite 101 · Norcross GA 30093

info@stridefac.com
www.stridefac.com

678-694-8407





STRIDE

FOOT & ANKLE CENTER, LLC

Podiatric Medicine, Surgery & Wound Care

Dr. Claude Mayembe, DPM

Allergies: _____ Penicillin _____ Sulfa _____ Latex _____ Metal _____ Shellfish _____ Iodine _____ Codeine

_____ Adhesive tapes _____ Anesthetic Other: _____

Social History: Do you drink beer, wine, and/or liquor? How much? _____, how frequently?
_____. Do you smoke? _____ How many packs/day? _____ How many years? _____
Do you do any illicit drugs? _____

Family History: List any family health problems. (Diabetes, Heart disease, Cancer, Foot Problems)

Primary Care Physician: _____ Date Last Seen: _____

Review of Systems: Have you experienced any of these symptoms over the last few days?

General

- Weight loss or gain
- Fatigue
- Fever or chills
- Weakness
- Trouble sleeping

Endocrine

- Heat/cold intolerance
- Sweating
- Excessive thirst

Respiratory

- Cough
- Shortness of breath
- Wheezing
- Difficulty breathing

Psychiatric

- Nervousness
- Depression
- Memory loss
- Stress

Head

- Headache
- Head trauma

Skin

- Rash
- Lump
- Itching
- Dryness
- Hair/nail changes
- Color changes

Neck

- Stiffness
- Lump
- Pain
- Swollen glands

Nose

- Stiffness
- Bleeds
- Discharge

Ears

- Decreased hearing
- Ringing in ears
- Aches

Eyes

- Glasses/contacts
- Blurred vision

Gastrointestinal

- Change in appetite
- Heartburns
- Nausea
- Constipation
- Diarrhea

Hematologic

- Ease of bleeding
- Ease of bruising

Cardiovascular

- Chest pain or discomfort
- Tightness
- Palpitations

Vascular

- Leg cramping
- Swelling in the legs
- Calf pain with walking

Musculoskeletal

- Muscle or joint pain
- Stiffness
- Back pain
- Joints redness
- Joints swelling

Throat

- Bleeding
- Sore tongue
- Dry mouth
- Sore throat
- Hoarseness

Neurologic

- Numbness
- Tingling
- Dizziness
- Seizures
- Fainting
- Tremors

Urinary

- Frequency
- Urgency
- Blood in urine
- Incontinence

4775 Jimmy Carter Blvd.
Suite 101 · Norcross GA 30093

info@stridefac.com
www.stridefac.com

678-694-8407





STRIDE

FOOT & ANKLE CENTER, LLC

Podiatric Medicine, Surgery & Wound Care

Dr. Claude Mayembe, DPM

I certify that the above information is true and correct to the best of my knowledge. I give permission to the doctor at Stride Foot & Ankle Center, LLC to diagnose and treat my feet and/or ankles conditions as deemed necessary.

Patient/Guardian Signature: _____ DATE: _____

4775 Jimmy Carter Blvd.
Suite 101 · Norcross GA 30093



info@stridefac.com
www.stridefac.com



678-694-8407

