HITTENBERGER
orthotics and prosthetics LLC

Patient History Form * PLEASE PRINT AND COMPLETE ALL FORM FIELDS

To help us better understand your orthotic and prosthetic needs, we would appreciate you answering the following questions. Please keep in mind this information may also be required by your insurance company. Thank you.

PATIENT NAME	DATE
	DD / MM / YYYY

What specific area(s) are we to examine?
☐ Foot ☐ Ankle ☐ Knee ☐ Leg ☐ Hip ☐ Back ☐ Neck ☐ Shoulder ☐ Elbow ☐ Wrist ☐ Hand
☐ Left ☐ Right

Specifically, what would you like us to do for you?

Please describe what happened to you and when.

Who is your primary care physician? _____

Are you currently seeing a specialist? ☐ Yes ☐ No
If so, please list who you are seeing and for what.

Who referred you to our office and when?

Have you ever seen an orthotist or prosthetist before? ☐ Yes ☐ No
If so, please explain where, from whom and for what.

Have you received physical therapy? ☐ Yes ☐ No
If so, please explain where, from whom and for what.

Please list your most recent hospitalizations related to your current condition:

Date DD / MM / YYYY
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Please indicate if you have any of the following:

- ☐ Amputation
- ☐ Arterial Sclerosis
- ☐ Arthritis
- ☐ Asthma
- ☐ Back Pain
- ☐ Bleeding Disorders
- ☐ Blood Disease
- ☐ Bruise Easily
- ☐ Cancer
- ☐ Cerebral Palsy
- ☐ Circulatory Problems
- ☐ Curvature of the Spine
- ☐ Diabetes
- ☐ Gout
- ☐ Heart Disease
- ☐ Hemi Paresis
- ☐ Leg Length Discrepancy
- ☐ Nerve Damage
- ☐ Numbness
- ☐ Open Sores
- ☐ Osteomyelitis
- ☐ Pain
- ☐ Phantom Pain Polio
- ☐ Swelling (Edema)
- ☐ Smoker
- ☐ Stroke
- ☐ Torn Tendon or Ligament
- ☐ Tumor
- ☐ Trauma
- ☐ Ulcers
- ☐ Varicose Veins
- ☐ Wear Glasses
- ☐ Other

_____

If yes, please explain:

Does your weight fluctuate? ☐ Yes ☐ No
If yes, please explain.

Do you dress yourself? ☐ Yes ☐ No
If no, please explain.

Are you right or left handed? ☐ Right ☐ Left

Do you use any of the following? ☐ Cane ☐ Quad Cane ☐ Walker ☐ Wheel Chair
If yes, please explain.

What type of leisure activities do you participate in?