Canton Foot & Ankle Specialists P.C.
43050 Ford Road, Suite #150 Canton, MI 48187
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www.Cantonfoot.com Dr. Brandon Semma, D.P.M.

HEALTH HISTORY FORM

1. Primary Reason for Today's Visit:

_____

2. Drug Allergies – (please list below) ☐ check this box if NO KNOWN DRUG ALLERGIES

_____

_____

3. Medical History (please check all that apply)

☐ Anxiety ☐ Heart Attack ☐ Arthritis ☐ Rheumatoid Arthritis ☐ Heart Disease ☐ Hepatitis (A, B, or C)
☐ Hypertension ☐ Seizure ☐ Stomach Ulcer ☐ Stroke ☐ Asthma ☐ Type 1 Diabetes ☐ Type 2 Diabetes
☐ High Cholesterol ☐ Epilepsy ☐ Emphysema ☐ HIV/Aids ☐ Fibromyalgia ☐ Kidney Disease ☐ Thyroid
☐ GERD (Acid Reflux) ☐ Cancer (Please Specify) _____
☐ Other (Please Specify) _____

4. Medication List (please list medication & dose): ☐ check this box if medication list provided to office

_____, _____, _____,
_____, _____, _____,

5. Social History (please check all that apply):

Do you drink? ☐ Yes ☐ No
If yes, how often? _____
Tobacco use? ☐ Yes ☐ No
If yes, how often? _____
Recreational or illegal drug use? ☐ Yes ☐ No
If yes, which one(s)? _____

6. Surgical History & Date (if none, leave blank):

_____

_____

7. Familiar History (blood relatives only):

Relation to Patient: _____
Conditions: _____

_____

Relation to Patient: _____
Conditions: _____

_____

_____

Signature **Date**