***Client Profile Form***

**PERSONAL INFORMATION**

Name: Last\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address : Street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number (H)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (C)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL HISTORY**

Allergies: Medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication (List): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobility devices : walker\_\_\_\_\_\_\_\_\_\_\_\_\_ cane\_\_\_\_\_\_\_\_\_\_\_\_ wheelchair\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Foot Aids: orthotics\_\_\_\_\_\_\_\_\_\_\_\_ braces \_\_\_\_\_\_\_\_\_\_\_ toe spacers\_\_\_\_\_\_\_\_\_\_\_\_\_\_ other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Currently being treated by Podiatrist/ Podorthist : Y\_\_\_\_\_\_\_\_\_\_ N\_\_\_\_\_\_\_\_\_\_\_\_

Medical conditions : Have you ever been diagnosed with the following:

|  |  |
| --- | --- |
| * Diabetes (handout) Y N | * Heart attack Y N |
| * Stroke Y N | * Blood clots in your legs Y N |
| * Recent infections Y N | * Neuropathy Y N |
| * Arthritis Y N | * Thyroid issues Y N |
| * Bone spurs Y N | * Plantar fasciitis Y N |
| * Lung disease Y N | * Liver disease Y N |
| * Gout Y N | * PVD (peripheral vascular disease) Y N |
| * Foot ulcers Y N | * Other pertinent history Y N |

If **Yes** to above conditions, add further information here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOOT ASSESSMENT:**

* Color \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Sensitivities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Edema \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Rashes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Skin breakdown or ulcers \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Drainage (Infection) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Structure of foot (deformity or abnormality) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Temperature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Pulses Dorsalis Pedis Left\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Right\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Posterior tibial Left\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Right \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* CRT (capillary refill time) less than 3 seconds Y \_\_\_\_\_\_\_\_\_ N \_\_\_\_\_\_\_\_\_
* **Diabetics -** monofilament test done Y \_\_\_\_\_\_\_\_\_\_\_ N\_\_\_\_\_\_\_\_\_\_
* Footwear : Type (runners, sandals, flip flops, boots)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Condition Good \_\_\_\_\_\_\_\_\_\_\_\_\_ Poor \_\_\_\_\_\_\_\_\_

Fit Good\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Poor \_\_\_\_\_\_\_\_\_

Does client have any of the following? Check all that apply.

|  |  |  |
| --- | --- | --- |
| NAIL CONDITION | LEFT FOOT | RIGHT FOOT |
| Nail fungus | Y 🞏 N 🞏 | Y 🞏 N 🞏 |
| Hematoma | Y 🞏 N 🞏 | Y 🞏 N 🞏 |
| Melanoma | Y 🞏 N 🞏 | Y 🞏 N 🞏 |
| Onychatrophia – nail wasting | Y 🞏 N 🞏 | Y 🞏 N 🞏 |
| Paronychia – infection on the skin next to the nail | Y 🞏 N 🞏 | Y 🞏 N 🞏 |
| Onychauxis – thickening and over growth of nail | Y 🞏 N 🞏 | Y 🞏 N 🞏 |
| Onychogryphosis – ram’s horn | Y 🞏 N 🞏 | Y 🞏 N 🞏 |
| Peeling nails | Y 🞏 N 🞏 | Y 🞏 N 🞏 |
| Vertical ridges | Y 🞏 N 🞏 | Y 🞏 N 🞏 |

|  |  |  |
| --- | --- | --- |
| FOOT CONDITION | LEFT FOOT | RIGHT FOOT |
| Bromhidrosis – feet with odour | Y 🞏 N 🞏 | Y 🞏 N 🞏 |
| Psoriasis | Y 🞏 N 🞏 | Y 🞏 N 🞏 |
| Pseudomonas- bacterial infection | Y 🞏 N 🞏 | Y 🞏 N 🞏 |
| Callouses | Y 🞏 N 🞏 | Y 🞏 N 🞏 |
| Hallux valgus – bunions | Y 🞏 N 🞏 | Y 🞏 N 🞏 |
| Hammer toe | Y 🞏 N 🞏 | Y 🞏 N 🞏 |
| Corns – hard, soft, seed | Y 🞏 N 🞏 | Y 🞏 N 🞏 |
| Warts | Y 🞏 N 🞏 | Y 🞏 N 🞏 |
| Morton’s toe | Y 🞏 N 🞏 | Y 🞏 N 🞏 |
| Tinea pedus – athlete’s foot | Y 🞏 N 🞏 | Y 🞏 N 🞏 |

Essential oil used on feet during care tea tree\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ lavender \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Image developed by [universalmedicalinc.com](http://universalmedicalinc.com)