

New York Foot Care Services, PLLC

NYFCS, PLLC – North Bronx * NYFCS, PLLC – 149th St. * NYFCS, PLLC – 161st St.
Spanish American Foot Care Associates, PLLC * Astoria Foot Care, PLLC * Washington Heights Foot Care, PLLC

MEDICAL HISTORY/HISTORIAL MÉDICO REVIEW OF SYSTEMS/REVISIÓN DE SISTEMAS

CONSTITUTIONAL SYSTEMS

- Appetite change/Cambio del apetito Yes/Si No
Chills/Escalofrío Yes/Si No
Fever/Fiebre Yes/Si No
Headache/Dolor de cabeza Yes/Si No
Weight Loss/Pérdida de peso Yes/Si No

CARDIOVASCULAR

- Angina/Valvula Bloqueada del corazón Yes/Si No
Arrhythmia/Arritmia Yes/Si No
Endocarditis/Inflamacion del corazón Yes/Si No
Heart attack/Ataque al corazón Yes/Si No
Heart valve replacement/Reemplazo de la válvula del corazón Yes/Si No
High blood pressure/Alta presión arterial Yes/Si No
Mitral valve prolapse/Prolapso de la válvula mitral Yes/Si No

RESPIRATORY

- Asthma/Asma Yes/Si No
Chronic cough/Tos crónica Yes/Si No
Emphysema/Bronchitis/Enfisema/Bronquitis Yes/Si No
Shortness of breath/Dificultad para respirar Yes/Si No
Tuberculosis Yes/Si No

SKIN

- Persistent itching/Comezón persistente Yes/Si No
Unexplained perspiration/ Transpiración inexplicada Yes/Si No
Rash/El sarpullido Yes/Si No

NEUROLOGICAL

- Dizziness/El mareo Yes/Si No
Numbness/El entumecimiento Yes/Si No

GASTROINTESTINAL

- Abdominal pain/Dolor abdominal Yes/Si No
Black stool/Cambio en materia efecal Yes/Si No
Heartburn/Agriera Yes/Si No

ENDOCRINE

- Excessive thirst/Sed excesiva Yes/Si No
Too hot or cold/Demasiado caliente o frío Yes/Si No
Tired or sluggish/Cansado o inactivo Yes/Si No

MUSCULOSKELETAL

- Arthritis/La artritis Yes/Si No
Joint Pain/Dolor en la conjuntura Yes/Si No

PHARMACEUTICAL

- Anti-inflammatories/Anti-inflamatorios Yes/Si No
Aspirin Products/Productos de la aspirina Yes/Si No
Coumadin Yes/Si No
Glucophage Yes/Si No
Nitrates/Nitratos Yes/Si No
Persantine Yes/Si No
Plavix Yes/Si No

List other medications: _____

HEMATOLOGICAL

- Bleeding problem/Problemas de sangrado Yes/Si No
Blood Transfusions/Las transfusiones de sangre Yes/Si No
Hepatitis Yes/Si No
HIV (Aids)/VIH (SIDA) Yes/Si No
IV Drug Use/Use de Drogas IV Yes/Si No
Swollen Glands/Inflamación de los ganglios Yes/Si No

Name/Nombre

Date/Fecha

Signature/Firma