Serenity Well-Being Clinic, P.A.
Comprehensive Podiatric Care

2701 Park Drive, Suite 6
Clearwater, FL 33763
727-631-1592

Original Date:
Dates Revised:

MEDICAL INFORMATION

Please take a few moments to answer the following questions in order to help facilitate your diagnosis and treatment.

Name *(Last, First, M.I.):* ☐ M ☐ F	**DOB:**

Why are you seeing Dr. Roboubi today?		
☐ Right Lower Extremity	☐ Left Lower Extremity	☐ Both
☐ Ingrown Nail	☐ Hammer Toes	☐ Orthotics
☐ Bunion	☐ Foot/Nail Care	☐ Foot Pain
☐ Injury	☐ Skin Condition	☐ Warts
☐ Heel Pain	☐ Diabetic Foot Care	☐ Other (Explain):

How long have you had this symptom?			
Have you had this symptom in the past?	☐ Yes	☐ No	
Is there a family history for this condition?	☐ Yes	☐ No	
Have you had any treatment for this condition?	☐ Yes	☐ No	
Have you had any trauma?	☐ Yes	☐ No	**If yes, explain:**
			Date of trauma, if applies:

How would you describe your pain to the best of your ability? (Please check one(s) that apply)				
☐ No Pain	☐ Sharp	☐ Dull	☐ Aching	☐ Superficial
☐ Deep	☐ Burning	☐ Shooting	☐ Throbbing	☐ Tingling
☐ Other (Explain):				

What makes the pain worse? (Please check one(s) that apply)				
☐ Running	☐ Walking	☐ Standing	☐ Certain Shoes	☐ Elevation
☐ Touching/Rubbing	☐ Resting	☐ Other (Explain):		

What makes the pain better?

Please explain your condition further if necessary: