



SK Foot Care Collective
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Client's Name:

Email:

Phone:

Address:

Medical History

Reason For Medical History:

There are some medical conditions as well as medications linked to such, that can affect a number of factors with your feet and nails. Gathering information about your medical background helps us provide the best possible care for you. Please answer the following questions to the best of your ability.

Date:

Are You On A Bloodthinner:

☐ Yes

☐ No

Are You On A Diuretic(water Pill):

☐ Yes

☐ No

Type Any Allergies You Have:

Neurological Condition:

☐ Migraines

☐ Headaches

☐ Multiple Sclerosis

☐ Parkinson's

☐ Alzheimers

☐ Dementia

☐ Cerebral Palsy

☐ Seizure Disorder

☐ Head Injury

☐ Spinal Cord Injury

- ☐ Other Not Listed _____
- ☐ None Of The Above

Endocrine Condition:

- ☐ Diabetes Type 1
- ☐ Diabetes Type 2
- ☐ Hypothyroidism
- ☐ Graves Disease
- ☐ Other Not Listed _____
- ☐ None Of The Above

Mental Health Condition:

- ☐ Chronic Pain
- ☐ PTSD
- ☐ Anxiety/Depression
- ☐ Bipolar
- ☐ Schizophrenia
- ☐ ADHD
- ☐ Autism
- ☐ Other Not Listed _____
- ☐ None Of The Above

Respiratory Conditions:

- ☐ COPD
- ☐ Asthma
- ☐ Emphysema
- ☐ Cystic Fibrosis
- ☐ Pulmonary Hypertension
- ☐ OSA(obstructive Sleep Apnea)
- ☐ Pulmonary Fibrosis
- ☐ Other Not Listed _____
- ☐ None Of The Above

Musculoskeletal:

- ☐ Arthritis(RA,OA, Gout)
- ☐ Osteoporosis
- ☐ Chronic Pain
- ☐ Osteomyelitis
- ☐ Bone Spur
- ☐ Degenerative Disc Disease

- ☐ Scoliosis
- ☐ Spinal Stenosis
- ☐ None Of The Above
- ☐ Other Not Listed _____

Cardiovascular Condition:

- ☐ High Blood Pressure
- ☐ Low Blood Pressure
- ☐ Peripheral Vascular Disease
- ☐ Peripheral Arterial Disease
- ☐ Coronary Artery Disease
- ☐ Stroke
- ☐ Afib/aflutter
- ☐ Other Not Listed _____
- ☐ None Of The Above

Eye Condition:

- ☐ Wears Prescription Glasses
- ☐ Glaucoma
- ☐ Cataracts
- ☐ Diabetic Retinopathy
- ☐ Other Not Listed _____
- ☐ None Of The Above

Skin Condition You Have Or Had:

- ☐ Eczema
- ☐ Psoriasis
- ☐ Lupus
- ☐ Vertigo
- ☐ Hyperhidrosis (Excessive Sweating)
- ☐ Athletes Foot
- ☐ Cellulitis
- ☐ Dermatitis
- ☐ Fissuring
- ☐ Hemosiderin(brown Staining Of Skin Due To PVD)
- ☐ Excessive Dryness(ichthymosis)
- ☐ Lipodermatosclerosis
- ☐ Lymphoedema
- ☐ Pressure Sore
- ☐ Varicose Veins
- ☐ Wart

- ☐ Ulcer/chronic Wound
- ☐ Other Not Listed _____
- ☐ None Of The Above

Compression Socks:

- ☐ Wears Socks(prescription Of Compression)
- ☐ Wears Socks(no Prescription)
- ☐ Does Not Wear

Type Any Foot Or Leg Condition Or Surgeries Below:

Tobacco Use:

- ☐ None
- ☐ Daily
- ☐ Weekly
- ☐ Former User

Footwear Primarily Worn:

- ☐ Barefoot Shoes/minimal Structural Support
- ☐ Runners
- ☐ Hikers
- ☐ Slippers
- ☐ Crocs/Clogs/open Backed Shoes
- ☐ Shoes Have Orthotics In Them

Use Of Aides:

- ☐ None
- ☐ Cane
- ☐ Walker
- ☐ Wheel Chair

Type Of Nails:

- ☐ Thin
- ☐ Thick
- ☐ Discoloured
- ☐ Flaky
- ☐ Bumpy
- ☐ Hard
- ☐ Soft

- ☐ Missing
- ☐ Fungal
- ☐ Ingrown Or Curved
- ☐ None Of The Above

Reason For Footcare: