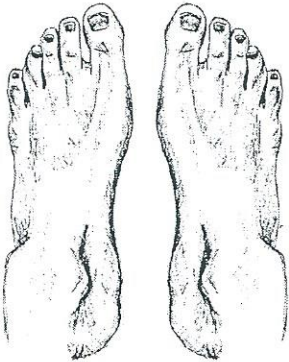


Family Foot & Ankle Care, P.C.

Dr. Alan J. Discont & Associates

Physicians & Surgeons of the Foot & Ankle



NEUROPATHY SCREENING

PATIENT NAME: _____

DATE: _____

Please highlight on the picture above where you feel the pain, numbness or tingling.

Please take a few minutes to answer the following questions about the feeling in your legs and feet. Check yes or no based on how you usually feel.

- | | | |
|--|------------------------------|-----------------------------|
| 1. Are your legs and/or feet numb? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Do you ever have any burning pain in your legs and/or feet? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Are your feet sensitive to touch? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Do you get muscle cramps in your legs and/or feet? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Do you ever have any prickling feelings in your legs or feet? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Does it hurt when the bed covers touch your skin? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. When you shower or bathe, are you able to tell hot from cold water? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8. Are you able to sense your feet when you walk? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 9. Have you ever had an open sore on your foot? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 10. Are your symptoms worse at night? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 11. Do your legs hurt when you walk? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 12. Is the skin on your feet so dry that it cracks open? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 13. Have you ever had an amputation? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 14. Do you have Diabetes? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 15. Do you have circulation problems? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Patient's Signature

Date

- Chandler Foot & Ankle Center** - 600 S. Dobson #D-35, Chandler, Arizona 85224
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