

Family Foot & Ankle Care, P.C.

Dr. Alan J. Discont & Associates
Physicians & Surgeons of the Foot & Ankle

PRE-SURGICAL EVALUATION FORM

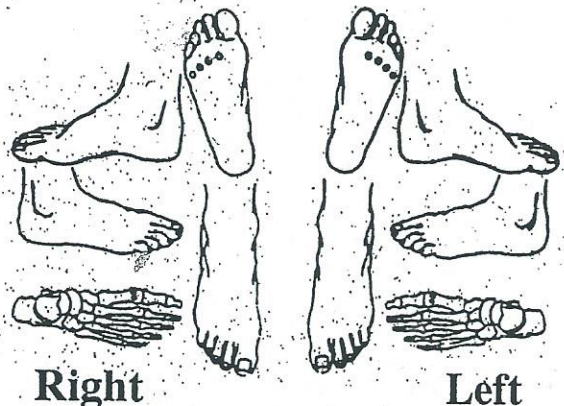
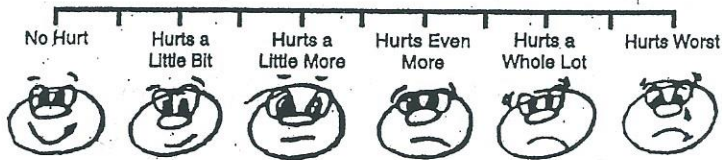
1. Do you have pain on a daily basis? Yes/No
2. Do you limp when first walking? Yes/No
3. Has the pain affected your life? Yes/No
4. Does the pain ever keep you up at night? Yes/No
5. Does the pain prevent you from performing certain aspects of your job? Yes/No
6. How far can you walk before you start to experience pain/discomfort or limping?

7. What activities are limited due to your pain?

8. Have you changed your activities due to your pain? Yes/No Explain:

9. What would you like to do that your condition precludes?

10. Please mark the painful areas of your feet and indicate the level of your pain.



Patient's Signature

Date

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