

Extracorporeal Shock Wave Therapy, Patient History

Patient Name: _____

Date of Birth: _____

Patient Occupation: _____

Does this occupation require standing/walking on hard surfaces continuously? ___Yes ___No

Patient History

The patient complains of heel pain for the past _____ months, with a clinical diagnosis of Chronic Proximal Plantar Fasciitis.

The pain is located in the ___Right ___Left ___Bilateral heel(s).

The date of onset of pain was (approx month/year): _____

Type of pain: ___Sharp ___Stabbing ___Throbbing ___Burning

Magnitude of pain: ___Mild ___Moderate ___Severe

Patient complains of heel pain when:

___Arising from bed in the morning ___After sitting for greater than 30 minute period of time

___After prolonged standing ___At the end of the day

The pain limits: ___Normal daily activities ___Work Activities ___Recreational/Sport Activities

Conservative non-surgical treatment(s) that has/have been performed with no documented improvement for this patient include(s), but not limited to:

Treatment	Date Started	Ongoing
Changes in shoe gear___	_____	_____
Heel cups, pads___	_____	_____
Pre-made foot orthosis___	_____	_____
Custom made foot orthosis___	_____	_____
Stretching___	_____	_____
Physical Therapy___	_____	_____
Anti-inflammatory medications___	_____	_____
Cortisone injections___	_____	_____
Night splints___	_____	_____
Ultrasound treatment___	_____	_____
Other___	_____	_____

Physician Signature: _____

Date: _____