

Patient Name: \_\_\_\_\_ Today's  
Date: \_\_\_\_\_

**CHIEF COMPLAINT- Peripheral Neuropathy and Numbness of Feet**

	LEAVE THIS SIDE BLANK FOR DOCTOR'S USE
1. Is there burning or numbness in both feet equally?	
2. Is the pain burning, shooting, or stabbing?	
3. When is the burning/numbness worst?	
4. Does the burning/numbness affect your sleep? OR Is it worse in sleep?	
5. Are you a diabetic? a. If yes, how long have you been a diabetic?  b. What medication do you take for diabetes?  c. Has your diabetes been under control?	
6. How much alcohol do you drink?	
7. Have you been taking any medication for cancer? YES NO If yes, have you been taking Taxol?	
8. Have you been exposed to any heavy metals?  Any toxins?	
9. Is there a family history of burning/numbness of feet?  Does anyone in your family have very high arches?	

Patient Name: \_\_\_\_\_

**CHIEF COMPLAINT-NUMBNESS OF THE FEET CONTINUED:**

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10. What have you taken to treat the	

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burning/numbness of the feet?	
11. Have you had any imaging studies? If so, where?	
12. Have you had any electrical studies of the feet? If so, with what result?	
13. What part of the foot is involved? Is it just the toes or does it involve the soles of the feet or top of the foot or in the lower leg or in the hands?	
14. Is there loss of hair or thinning of the muscles of the lower leg or foot?	
15. Figure how long it has been going on (days, weeks, months, years)	
16. How is it progressing? (Rapidly, gradually, slowly)  Did it follow an accident?                      When?	
17. Which fiber types are involved? (Numbness and loss of feeling versus burning and tingling or both)	

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**CHIEF COMPLAINT-NUMBNESS OF THE FEET CONTINUED:**

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18. What is the pattern? (Feet before hands; feet and hands together; symptoms in face or tongue; one side only; or both sides of the body; muscle twitches or muscle wasting)	

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<p><b>19. Is there any family history?</b> (Numbness of feet or unusual shape of the feet)</p>	
<p><b>20. Is there any obvious medical condition the person has that predisposes he/ she to peripheral neuropathy?</b> (Cancer, diabetes, alcohol, vegetarian, weight loss, GI surgery, cardiac disease, infection)</p>	
<p><b>21. Is there any toxic or exposure history?</b> (Tamoxifen or cancer medication or chemical toxins or solvents)</p>	

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