

Welcome to Simcoe Foot Care & Custom Orthotic Centre! We are dedicated to providing exceptional foot care for people of all ages. Please help us get to know you better by providing the following information.

| Name: | Date of Birth: (month) | (day) (year) | | | | | | | |
|--|-------------------------------------|------------------|--|--|--|--|--|--|--|
| Address: | ress:City: | | | | | | | | |
| Postal Code: Ema | il: | | | | | | | | |
| Phone (home) #: | (cell) (work) | | | | | | | | |
| Preferred Contact Method: (Please circle | one) Home Phone Cell Phone | Work Phone Email | | | | | | | |
| mily Physician: Address: | | | | | | | | | |
| | Family/Friend: | | | | | | | | |
| ALLERGIES: No known allergies: ocal Anesthetics? (i.e.: Xylocaine, Novocaine) Adhesive tape/bandaids? ist Allergies: | □ Y □ N Environnemental (i.e.: bees | • | | | | | | | |
| ✓ MEDICAL HISTORY CHECK | LIST MEDICATIONS & VITAMINS | | | | | | | | |
| Diabetic: Type 1 | Diabetic: Type 2; Diet Control | | | | | | | | |
| Congestive Heart Failure | Arthritis: | | | | | | | | |
| Heart Condition: | Skin Problem: | | | | | | | | |
| Peripheral Vascular Disease | Thyroid Condition: | | | | | | | | |
| Stroke (year): | Gout | | | | | | | | |
| Blood Pressure | Cancer: | | | | | | | | |
| Cholesterol | Cerebral Palsy | | | | | | | | |
| Kidney Disease | Multiple Sclerosis | | | | | | | | |
| Lung Disease | Vision Impaired | | | | | | | | |
| Liver Disease | Hearing Impaired | | | | | | | | |
| Hepatitis A / B / C | HIV/AIDS | | | | | | | | |
| Bleeding Disorder: | Alzheimer's/Dementia | | | | | | | | |
| Cognitive or Intellectual Disability: | | | | | | | | | |
| Other: | | | | | | | | | |
| Do you take blood thinners? NO Y | ES: LIST MEDICATION: | | | | | | | | |
| Are you slow to heal? | YES | | | | | | | | |
| Do you currently smoke cigarettes? | if yes: Number of year's | How much daily | | | | | | | |
| □ CHECK IF ATTACHING A LIST OF MEDIC | ATIONS | | | | | | | | |

| Does your foot problem involve: In Right foot only In Left foot only In both feet Explain your current foot problem(s): In Right foot only In Left foot only In Left foot only In both feet Explain your current foot problem(s): In Alave you had medical treatment for this problem? In Your Now how had this problem? Shoe Size: On the average, how many hours are you on your feet per day? 2-4hrs 4-6 hrs 6-8hrs 8-10hrs 10+ hrs Cocupation: Sports & Physical Activity: What type of footwear do you wear most? Safety shoe/ boot Athletic Dress Sandal Other CHIROPODIST USE ONLY PATIENT'S CONSENT: Please initial in each box below confirming you have read the consent. The attending Chiropodist will kindly advise you of your management plan that includes an appropriate time frame for rebooking. I consent to treatment by the Chiropodist available at my appointment availability provided by booking staff. This is a zero tolerance office that strictly prohibits verbal abuse and harassment, abusive language aggressive behavior, bullying and sexual harassment. I understand that I will banned from the clinic if this behavior is noted. I allow photographs of treatment areas to be taken for the purposes of monitoring and education. I consent/allow the Chiropodist to contact and/or send my Physician or health care professional any pertinent information required regarding my foot exam and/or treatment plan or medical information. I understand that I am financially responsible for all charges whether covered by my health insurance plan or not. I understand that service fees are payable at the time service is provided. I understand that it is my responsibility to attend my scheduled appointment and in the event of missing the scheduled appointment without 24 hours' notice, I will be responsible for a missed appointment charge of \$40.00. Patient's Signature): Date: Quardian Signature: Relationship: Patient and many financially responsible for a missed appointment charge of \$40.00. | HELP US HELP | YOU! Please ar | nswer the following | g quest | tions. | | | |
|---|--|--|---|---------------------------|--|--|---|-----------------------|
| DEGREE OF PAIN | Does your foot probl | em involve: | □ Right foot | only | □ Le | | | both feet |
| Have you had medical treatment for this problem? Y | Explain your current | foot problem(s): | | | | | | |
| Have you had medical treatment for this problem? Y | | T | | | | | | |
| What is your current: Height: Weight: 2-4hrs 4-6 hrs 6-8hrs 8-10hrs 10+hrs Occupation: Sports & Physical Activity: What type of footwear do you wear most? Safety shoe/ boot Athletic Dress Sandal Other CHIROPODIST USE ONLY PATIENT'S CONSENT: Please initial in each box below confirming you have read the consent Patient appointments are high in demand and vary in degree of time requirement and level of care. The attending Chiropodist will kindly advise you of your management plan that includes an appropriate time frame for rebooking. I consent to treatment by the Chiropodist available at my appointment time which may differ from the original Chiropodist booked and accept the best appointment availability provided by booking staff. This is a zero tolerance office that strictly prohibits verbal abuse and harassment, abusive language aggressive behavior, bullying and sexual harassment. I understand that I will banned from the clinic if this behavior is noted. I allow photographs of treatment areas to be taken for the purposes of monitoring and education. I consent/allow the Chiropodist to contact and/or send my Physician or health care professional any pertinent information required regarding my foot exam and/or treatment plan or medical information. I understand that I am financially responsible for all charges whether covered by my health insurance plan or not. I understand that service fees are payable at the time service is provided. I understand that it is my responsibility to attend my scheduled appointment and in the event of missing the scheduled appointment without 24 hours' notice, I will be responsible for a missed appointment charge of \$40.00. Patient's Signature: Relationship: Date: Relationship: | | | | | | | | |
| On the average, how many hours are you on your feet per day? 2-4hrs | | | | | | | | |
| Occupation: Sports & Physical Activity: Athletic Dress Sandal Other CHIROPODIST USE ONLY CHIROPODIST USE ONLY PATIENT'S CONSENT: Please initial in each box below confirming you have read the consent Patient appointments are high in demand and vary in degree of time requirement and level of care. The attending Chiropodist will kindly advise you of your management plan that includes an appropriate time frame for rebooking. I consent to treatment by the Chiropodist available at my appointment time which may differ from the original Chiropodist booked and accept the best appointment availability provided by booking staff. This is a zero tolerance office that strictly prohibits verbal abuse and harassment, abusive language aggressive behavior, bullying and sexual harassment. I understand that I will banned from the clinic if this behavior is noted. I allow photographs of treatment areas to be taken for the purposes of monitoring and education. I consent/allow the Chiropodist to contact and/or send my Physician or health care professional any pertinent information required regarding my foot exam and/or treatment plan or medical information. I understand that I am financially responsible for all charges whether covered by my health insurance plan or not. I understand that service fees are payable at the time service is provided. I understand that it is my responsibility to attend my scheduled appointment and in the event of missing the scheduled appointment without 24 hours' notice, I will be responsible for a missed appointment charge of \$40.00. Patient's Signature): Date: CHIROPODIST NOTES: CH | • | : Height: | W | eight: _ | | Shoe | Size: | |
| What type of footwear do you wear most? | _ | | | - | | | 8-10hrs | 10+ hrs |
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| Guardian Signature: | Dationt's Cianatura | | | | Data | | | |
| Print Name of Guardian: | Guardian Signature | • | | | Date: Dolat | ionshin | | |
| | Print Name of Guard | | | | | p. | | |

We promise to treat your personal information with respect. Our privacy protocols comply with Privacy legislation, the standards of the College of Chiropodists of Ontario and the law. Be assured that everyone in our office is committed to ensuring that you receive the best quality foot care.