



NEW PATIENT INFORMATION FORM

WELCOME TO OUR OFFICE, PLEASE FILL IN THE FOLLOWING FORMS

FIRST NAME:		LAST NAME:	
DATE OF BIRTH (dd/mm/yyyy)		SEX <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	
Address:			
City/Province:		Postal code:	
Home Phone:		Cell Phone:	
Occupation:		Work phone:	
Email address:			
Guardian's Name (if applicable):		In case of emergency who should we call?	
Relationship:		Name:	
		Relationship:	
		Phone#:	

Family Physician: Dr. _____		Phone #:	
Address:			
Do you want us to update your family doctor if we find any major issue? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Name of Health Insurer:			
Policy Number:		Group Plan:	
Your Pharmacy:			

HOW DID YOU HEAR ABOUT ORANGEVILLE FOOT CLINIC ?		
<input type="checkbox"/> INTERNET	<input type="checkbox"/> WORD OF MOUTH	<input type="checkbox"/> NEWSPAPER
<input type="checkbox"/> MY FAMILY DOCTOR	<input type="checkbox"/> OTHER HEALTH CARE PROVIDERS	
<input type="checkbox"/> OTHER (please specify):		
Are you interested in receiving occasional E-mails about our new products, services, and foot related information? (WE DON'T SPAM) <input type="checkbox"/> YES! Please keep me in the loop 😊 <input type="checkbox"/> No! Leave me alone 😞		



PATIENT INFORMATION FORM:

What brings you in to see us today?

How long have you been bothered by this problem?

Have you been examined for it by Family Doctor Chiropracist/Podiatrist Others:

Have you done any treatment for it? (if yes, specify):

If you have foot pain, how do you rate the pain today

0	1	2	3	4	5	6	7	8	9	10
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Weight:

Height:

Shoe Size:

Footwear worn most of the day:

Footwear inside the house:

WHICH ONE OF THE FOLLOWING CONDITIONS DO YOU HAVE?

- PREGNANCY, if yes how many months?
- DIABETES, for how long? LAST A1C? DO YOU SEE ANY DIABETES EDUCATOR? YES NO
- CANCER HISTORY OF CHEMOTHERAPY? YES NO
- HEPATITIS WHAT TYPE?
- ARTHRITIS WHAT TYPE? HIGH CHOLESTEROL
- HIV/AIDS VARICOSE VEINS
- EPILEPSY (SEIZURE) PSORIASIS
- DEPRESSION HEART ISSUES
- KIDNEY DISEASE THYROID ISSUES (HYPER / HYPO/ OTHER)
- LIVER DISEASE GOUT
- ANXIETY ASTHMA
- CLAUSTROPHOBIA COPD
- PSYCHOSIS HIGH BLOOD PRESSURE
- OSTEOPOROSIS STROKE
- Do you smoke any kind of tobacco? MS
- Surgery (specify):
- OTHER: *Please Explain:*

PLEASE LIST CURRENT MEDICATIONS:

Do you take Aspirin, Coumadin or other blood thinners? Yes No

ANY HISTORY OF ALLERGY:

- ADHESIVE TAPE Latex LOCAL ANAESTHETICS
- ANTIBIOTICS (*specify*): _____
- OTHER (*specify*): _____



PATIENT INFORMATION FORM:

15 Elizabeth, U-12, L9W 3X3, Orangeville
519-942-4705

Informed Consent for Foot Examination and Treatment

Chiropractors are required to advise patients of the general risks associated with common services and obtain consent for assessment and treatment prior to initiation of services. Consents will be updated annually to ensure compliance with College of Chiropractors of Ontario documentation requirements.

The chiropractor will assess your current foot condition and evaluate your individual risk factors; taking medical conditions, overall health, and activity level into account. A management plan will be presented to you based on that assessment.

Verbal consent will be obtained on an ongoing basis for routine care and services. Treatments will only be initiated after expressed verbal consent. Consent will include disclosure of costs associated with treatments, products, and devices prior to their delivery.

Potential Risks and Discomforts Associated with Chiropractic Foot Care Treatments:

Chiropractors are highly skilled and perform foot care daily. Some treatments will involve the use of sharp instruments (nail cutting, callus and corn debridement, wart debridement etc.). there is a small risk of discomfort during these procedures, including bleeding points which are rare but sometimes unavoidable. Treatment will include management to prevent complications and infection control protocols are in place to protect patients.

Custom Foot Orthotics

Custom Orthotics may be recommended for your care. As a custom made product, these devices are non-refundable. Orthotics case fee include biomechanical assessment and gait analysis, fitting and dispensing appointments, and follow up appointments that may involve adjustment and modification to ensure best outcomes. The orthotics' optimal function depends on having a proper stable base; **supportive deep footwear** will provide better function. Slimmer orthotics can help maintaining wellness in dressier shoes, but rarely provide the ideal prognosis for improvement. It is recommended to replace shoes with obvious signs of wear to get best results with your orthotic therapy.

In all cases, your optimal management plan will be presented for your consideration and consent. If you are unable to accept the management plan, alternatives will be presented with a description of their expected level of success/efficacy.

Photographs

Occasionally, photographs of your feet will be taken with your ongoing verbal consent for the following purposes:

- Documenting initial foot condition
- Documenting treatment (before/after)
- Monitoring your foot condition and evaluating treatment success
- Educational purposes on social media and clinic's website (Non-identifying images ONLY)

Our Privacy Policy at Orangeville Foot Clinic is in compliance with the protocols and standards set by Ontario College of Chiropractors. Our office is committed to the highest standards of Chiropractic and Podiatry Medicine.

If the chiropractor recognizes that the patient is not capable to give an informed consent, the legal guardian of the patient must sign the form and needs to accompany the patient during the appointment/treatment time.

Patient's Name:

Signature:

Witness:

Date of Birth:

Date of Consent:

Treating Chiropractor: Ali Nasr-Esfahani