PRECISION
FOOT CARE & ORTHOTIC CENTRE

PATIENT INFORMATION FORM

First Name _____ Last Name _____

Address _____ City _____ Postal Code _____

Phone: (H) _____

(Cell) _____ (Business) _____

Date of Birth (D/M/Y):_____ Occupation: _____

Email Address: _____

Emergency Contact:_____ Relationship:_____

Phone: _____

Parent/Guardian Names (if child is under 18): Mother: _____

Father: _____

How did you first hear about Precision Foot Care and Orthotic Centre / Vish Ramcharitar B.Sc., D.Ch., Ph.D.?

❑ Friend/family/colleague _____ (Please indicate referrer's name)

❑ RateMD's Online ❑ Yellow Pages Online ❑ Physician / Health care professional

❑ Google ❑ Other (eg: Bing, Yahoo or Other Source) _____ (Please specify)

How May We Help You?

Please answer the following foot questions:

Your foot problems involve:

❑ Right Foot Only ❑ Left Foot Only
❑ Both Feet

Describe your current foot problem(s):

_____

_____

Is this problem getting: worse / better / same? **(Circle one)**

Have you had medical treatment for this problem? ❑ Y ❑ N

Have you ever been treated for: (check all that apply)

❑ Back pain
❑ Warts
❑ Heel pain
❑ Foot pain
❑ Corns
❑ Calluses
❑ Bunions
❑ Hammertoes
❑ Gout
❑ Broken foot/leg bones
❑ Flat feet
❑ Ankle injury
❑ Neuroma
❑ Knee pain
❑ Ingrown nails
❑ Childhood Foot Problems

If you've had foot x-rays when were they taken? _____

What is your current:

Height: _____ Weight: _____ Shoe Size:_____

On an average day, how much are you on your feet?

❑ 20% ❑ 40% ❑ 60% ❑ 80% ❑ 100%

What type of footwear do you wear most for work or leisure?

❑ Safety shoe/boot ❑ Athletic ❑ Dress ❑ Sandal
❑ Other _____

Do you currently use orthotics (shoe inserts)? _____

Check any sports or activities you participate in regularly:

❑ Walking
❑ Aerobics/Aqua Fit
❑ Hockey
❑ Racquet Sports
❑ Running
❑ Golf
❑ Soccer
❑ Skiing
❑ Other: _____

Continued on other side ...

Please answer the following questions:

Do you have or have you ever been treated for:

(Check all that apply)

- ❑ Diabetes: Type 1 Type 2 How Long? _____
- ❑ Heart Trouble
- ❑ Hepatitis
- ❑ Liver Disease
- ❑ Urinary Problem
- ❑ Stroke
- ❑ Depression
- ❑ High Blood Pressure
- ❑ Cholesterol
- ❑ Cancer
- ❑ Shortness of Breath
- ❑ None Apply
- ❑ Skin Disorder
- ❑ Thyroid Problem
- ❑ HIV/AIDS
- ❑ Blood Disease
- ❑ Stomach/Bowel Trouble
- ❑ Anxiety
- ❑ Bone Disease
- ❑ Arthritis
- ❑ Epilepsy
- ❑ Tuberculosis
- ❑ Other: _____

Please list your current prescription medications:

_____

_____

_____

_____

_____

_____

_____

_____

_____

Do you have any known allergies to:

Local anesthetics? (e.g. Xylocaine, Novocaine) ❑ Y ❑ N

Adhesive tape/band-aids? ❑ Y ❑ N

Other: _____

_____

Are you slow to heal after cuts? ❑ Y ❑ N

Do you bruise easily? ❑ Y ❑ N

Are you currently pregnant or nursing? ❑ Y ❑ N

Patient Physicians & Medical Specialists:

Family Physician: _____

Address and phone #: _____

_____

Has your doctor treated your foot condition? ❑ Y ❑ N

Insurance/Benefit Plan Information:

Insurance Co. Name: _____

Employer Name: _____

Additional Information (If Required):

Plan #: _____ *ID #:* _____

Plan Member Name: _____

D O B: (DD/MM/YY) _____

Patient's Consent:

- I hereby allow and consent to examination and treatment by the Chiropodist and allow photographs of treatment areas to be taken for the purposes of monitoring.
- I consent/allow the Chiropodist to contact my physician for any pertinent information required relating to my treatment or medical information.
- I consent/allow the Chiropodist to send my physician or health care professional a report regarding my foot exam and treatment plan.
- 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.

Patient's Signature (or guardian): _____ Date: _____

Precision Foot Care and Orthotic Centre promises 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.

Chiropodist's Signature: _____ Date: _____