Stouffville Family Footcare

Patient Information Form

Welcome to Stouffville Family Foot Care

New On-Line Form – *For your convenience this document can be completed on your computer. Simply complete the form and save to your desktop, then email to - stouffvillefootcare@bellnet.ca*

Please help us get to know you better by providing the following information:

First Name _____ Last Name _____

Address _____ City _____ Postal Code _____

Phone: (Home)_____

(Cell)_____ (Business)_____

Date of Birth (D/M/Y) _____ Email address _____

Would you like us to confirm your appointments by Email: ☐ Yes ☐ No Phone: ☐ Yes ☐ No

Your Occupation_____ Employer_____

Emergency Contact: _____ Relationship: _____

Phone: _____

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

How did you first hear about Stouffville Family Footcare?

☐ Friend/family/colleague _____

☐ Internet ☐ Newspaper ☐ Health Care Professional

☐ Yellow pages ☐ Other _____

Help us help you! Please answer the following foot questions:

Your foot problems involve:

☐ Right Foot Only ☐ Left Foot Only

☐ Both Feet

Why are you here today, explain your current foot problem(s):

_____

_____

Is this problem getting: ☐ Worse ☐ Better ☐ Same? (check one)

Have you had medical treatment for this problem? ☐ Yes ☐ No

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

What is your current:

Height: _____ Weight: _____ Shoe Size:_____

On average 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)? _____

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

☐ Back pain ☐ Gout

☐ Warts ☐ Broken foot/leg bones

☐ Heel pain ☐ Flat feet

☐ High arch feet/pain ☐ Ankle injury

☐ Corns ☐ Neuroma

☐ Callouses ☐ Knee pain

☐ Bunions ☐ Ingrown nails

☐ Hammertoes ☐ Childhood Foot Problems

Check any sports or activities you participate in regularly:

☐ Walking ☐ Running

☐ Aerobics/Aqua ☐ Fit Golf

☐ Hockey ☐ Soccer

☐ Racquet Sports ☐ 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
- ☐ Skin Disorder
- ☐ Thyroid Problem
- ☐ HIV/AIDS
- ☐ Blood Disease
- ☐ Stomach/Bowel Trouble
- ☐ Anxiety
- ☐ Bone Disease
- ☐ Arthritis
- ☐ Epilepsy
- ☐ Tuberculosis
- ☐ None Apply Other: _____

Please list your current Rx medications:

_____

_____

Do you have any known allergies to:

Local anesthetics? (e.g. Xylocaine, Novocaine) ☐ Yes ☐ No

Adhesive tape/band-aids? ☐ Yes ☐ No

No allergies known: ☐ Yes ☐ No

Other: _____

Are you slow to heal after cuts? ☐ Yes ☐ No

Do you bruise easily? ☐ Yes ☐ No

Are you currently pregnant or nursing? ☐ Yes ☐ No

Patient Physicians & Medical Specialists:

FamilyPhysician:_____

Phone: _____

Has your doctor treated your foot condition? ☐ Yes ☐ No

Other Doctor's Name:_____

Type of Doctor_____

Phone: _____

Did this doctor refer you to us? ☐ Yes ☐ No

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: _____

Stouffville Family Foot Care 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: _____