# Markham Foot Care Clinic

## Patient Information Form

Welcome to Markham Foot Care Clinic!
Please help us get to know you better by providing the following information:

First Name_____ Last Name _____

Address_____ City_____Postal Code_____

Phone: (H)_____

(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 Markham Foot Care Clinic?

❑ Friend/family/colleague _____

(please indicate referrer's name so we may thank them)

❑ Internet ❑ Newspaper ❑ Health care professional

❑ Yellow pages ❑ Other _____ (please specify)

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### 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? **(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
❑ High arch feet/pain
❑ Corns
❑ Callouses
❑ 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 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)? _____

Check any sports or activities you participate in <u>regularly</u>:

❑ 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 **Rx** medications:

_____

_____

_____

_____

_____

**Do you have any known allergies to:**

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

Adhesive tape/band-aids? ❑ Y ❑ N

No allergies known: ❑ 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: _____

Phone: _____

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

Other Doctor's name: _____

Type of Doctor _____

Phone: _____

Did this doctor refer you to us? ❑ Y ❑ N

**Patient by placing a check mark beside each item below gives 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: _____

Markham Foot Care Clinic 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 footcare.

Chiropodist's Signature: _____ Date: _____