

BARRIE FOOT CLINIC - PATIENT INFORMATION

| | | | |
|-------------------------------------|-----|--------------------------|------------------------|
| Name: _____ | | Date of Birth: _____ | |
| Address: _____ | | | |
| Phone (home): _____ | | Phone (work/cell): _____ | |
| e-mail: _____ | | Family Doctor: _____ | |
| Occupation: _____ | | Employer: _____ | |
| Referred by: _____ | | | |
| Medical Insurance? | Yes | No | Name of Company: _____ |
| What is your main complaint: | | | |

- | | | | | |
|----|--|------|------|------|
| 1. | How is your general health? | GOOD | FAIR | POOR |
| 2. | Are you taking any medications at this time? | | YES | NO |

If yes, please have a list of medications available.

- | | | | |
|----|---|-----------------|--------------------------|
| 3. | Have you ever been to a chiropodist/podiatrist/foot specialist? | YES | NO |
| 4. | Have you ever had or been treated for any of the following? Please circle | | |
| | Diabetes | Stomach ulcer | Rheumatic fever |
| | Heart trouble | Gout | Drug abuse |
| | Leg cramps | Arthritis | Cancer |
| | Stroke | Kidney problems | Anemia |
| | Past surgery | Skin Conditions | Phlebitis or blood clot |
| | | | Liver problems/hepatitis |

Respiratory conditions

- | | | | | | |
|----|--|----------|-----------|----|-------|
| 5. | Have you ever had or been treated for communicable diseases? Please circle | HIV/AIDS | HEPATITIS | TB | OTHER |
|----|--|----------|-----------|----|-------|

- | | | | | | |
|----|---|------------|-----------|---------|----------------|
| 6. | Are you allergic to any of the following? Please circle | Penicillin | Novocain | Aspirin | Any antibiotic |
| | | Tape | Cortisone | Codeine | Latex |

Other medication allergies: _____

- | | | | |
|----|--|-----|----|
| 7. | Are you subject to prolonged bleeding? | YES | NO |
| 8. | Is there any family history of diabetes? | YES | NO |

I hereby authorize the Chiropodist in charge to perform treatment and/or any procedures necessary in the assessment of my foot condition. ** I also understand that no part of the cost for treatment offered by a Chiropodist is covered under O.H.I.P. The fee, however, may be covered under an Extended Health Care Plan.

Signature: _____ Date: _____