

The information we gather will help prepare us to deliver the best treatment we can.

Title: _____ First Name: _____ Last Name: _____ Date of Birth (D/M/Y) _____
 Address: _____ City: _____ Postcode: _____
 Home Number: _____ Work Number: _____ Cell: _____
 Email: _____ Preferred Contact Method : **Email / Home / Work / Cell (Please Circle)**
 Family Physician: _____ Office Name and Location: _____
 Weight: _____ lb/Kg Shoe Size: _____ Occupation: _____ Employer _____
 Do you have an extended health benefits policy? **Y / N** Insurer _____
 How did you hear about The Footcare Centre? (Please Circle) Internet / Google Friend / Family Facebook
 Medical Referral (who?) _____ Insurance Company Other _____

Are you happy with the way your feet feel or look? We are here to help!

What is your main reason for visiting the clinic today? _____

What other things trouble your feet for future visits? 1) _____ 2) _____ 3) _____

Please circle any other services that may be of interest to you:

Compression Socks / Orthotics / Ingrown Toenails / Laser / Shockwave / Diabetes / Our Comfort Shoes

PLEASE CHECK REGARDING YOUR CURRENT OR PAST MEDICAL HISTORY

Arthritis / Gout		Heart Problems / Rheumatic Fever		Skin or Dermatological Disease	
Asthma or Breathlessness		High Blood Pressure		Surgical History or injuries	
Circulatory / Clotting problems		Kidney / Liver Problems		Any other diseases	
Diabetes = I / II Duration =		Muscle / Nerve problems		Are you Pregnant	

Please specify your other health issues: _____

Please list any allergies (e.g. Penicillin / Iodine / Latex): _____

PLEASE LIST ALL MEDICATIONS _____

PRIVACY POLICY

Your details will be used in accordance with our patient privacy policy in connection with your medical treatment. In order to facilitate your care, The Footcare Centre uses an office-based practice management system. Data backups are stored on remote cloud servers to facilitate continuous treatment in the event of a system failure at our office. Due to the nature of internet cloud computing, information may cross borders. We will always ensure that your data is stored to the highest level of protection under Canadian law. Please be advised that we never store any credit / debit card details after your transaction. Our patient privacy policy is available to read in the office waiting room.

If you would like to receive a copy of our monthly newsletter by email, please tick this box

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I hereby consent to assessment and treatment by all Foot Specialists / Registered Chiropodists and treatments under assignment to assistants at The Footcare Centre.* I confirm that I provided correct and up to date information and understand the information contained on the back page.

I understand that chiropody is not covered by OHIP and that I will be provided with a receipt for submission with my Health Insurance Claim / Income Tax Filing.

Patient's Signature _____ Date: _____

Parent or Guardian's signature if patient is under 18 years old: _____

* The Footcare Centre is the trading name of Berry Chiropody Professional Corporation

All Chiropodists are Regulated Health Professionals under The Regulated Health Professions Act, 1991 and are registered with the health regulatory college under the 1991 Chiropody Act.

Prior to your care with us please read the following information carefully.

Fill out where applicable and once completed **please sign** the front of this document to confirm you have fully understood it.

'Informed consent' is a standard process	<p>What is this document?</p> <p>We understand that you may have questions or feel a little apprehensive about your treatment with us – it's only natural. Our experience has shown us that this is very common and for this reason we have put together this document.</p> <p>In this document we will provide you with key information you will need to help you make decisions regarding treatment.</p> <p>By giving you the information you need, you can decide if it will be the right thing for you and whether to elect to have your treatment.</p> <p>This common process is known as 'informed consent' and is a standard part of having any medical treatment.</p>				
Treatment with a registered chiropodist in an accredited practice	<p>Who will be treating me?</p> <p>Your treatment will be undertaken or guided by a registered chiropodist. This is a skilled, qualified health professional who is trained in 'the assessment of the foot and the treatment and prevention of diseases, disorders or dysfunctions of the foot by therapeutic, orthotic or palliative means'. Your registered chiropodist is registered and accountable to the College of Chiropodists of Ontario. You can check your chiropodists registration on this site here http://www.cocoo.on.ca</p> <p>Like other regulated health professionals' chiropodists work with trained assistants and some of your care may be assigned to a chiropody assistant while you are under the care of your chiropodist. The Footcare Centre is an accredited practice with the UK College of Podiatrists which compliments the profession by promoting guidelines and standards of practice that are evidence based, ensuring patient safety and clinical effectiveness with a focus on outcomes.</p>				
How your Chiropodist can help you	<p>Chiropodists can help people keep on top of their foot health throughout their life from childhood-through adulthood- to old age.</p>				
Seeing a chiropodist has many benefits.	<p>Overall seeing a chiropodist has high benefits with low risk.</p> <table border="1" data-bbox="609 976 1351 1396"> <thead> <tr> <th data-bbox="609 976 1047 1008">Benefits</th><th data-bbox="1047 976 1351 1008">Risks</th></tr> </thead> <tbody> <tr> <td data-bbox="609 1008 1047 1396"> <ul style="list-style-type: none"> • Relief of a painful condition • Improve and monitor your foot health. • Ability to plan treatment at a convenient time • Develop tailored treatment plans suited to you • Minimise time off work • Ability to resume your favourite sport or leisure activity • Avoid hospital stays, by having in-office treatment. • Avoid causes of infection • Prevent future complications • Improve the cosmetic appearance of your feet </td><td data-bbox="1047 1008 1351 1396"> <ul style="list-style-type: none"> • possible discomfort • possible irritation • possible allergy • possible bleeding </td></tr> </tbody> </table> <p>If there are specific risks or benefits associated with specific treatments these will be discussed with you.</p>	Benefits	Risks	<ul style="list-style-type: none"> • Relief of a painful condition • Improve and monitor your foot health. • Ability to plan treatment at a convenient time • Develop tailored treatment plans suited to you • Minimise time off work • Ability to resume your favourite sport or leisure activity • Avoid hospital stays, by having in-office treatment. • Avoid causes of infection • Prevent future complications • Improve the cosmetic appearance of your feet 	<ul style="list-style-type: none"> • possible discomfort • possible irritation • possible allergy • possible bleeding
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Alternative to seeing a chiropodist	<p>In Ontario those registered with the College of Chiropodists of Ontario are the only regulated profession licenced in "the assessment of the foot and the treatment and prevention of diseases, disorders or dysfunctions of the foot by therapeutic, orthotic or palliative means".</p> <p>If in doubt speak with your medical doctor.</p>				

If you have any questions, then you will have the opportunity to raise any additional questions or concerns during your visits with your chiropodist.



In order to effectively treat you at your first appointment with us, you will be best prepared to have full knowledge of your extended health benefits that may help us treat you.

Benefit type	Your benefit level	Is a chiropodists prescription accepted on your plan	How frequently can you access your benefit?	Why is this information useful to you?
Office Visits	\$	NOT APPLICABLE		This will be of benefit to you if your chiropodist assesses a condition which would benefit from treatment at the office.
Compression socks	\$	NOT APPLICABLE		This will be of benefit to you if your chiropodist assesses a condition which would benefit from compression socks from our certified fitters.
Orthotics	\$	Yes / No		This will be of benefit to you if your chiropodist assesses a condition which would benefit from prescribed orthotics.
Stock orthopedic shoes	\$	Yes / No		This will be of benefit to you if your chiropodist assesses a condition which would benefit from prescribed non-custom, unmodified stock orthopedic shoes.

PLEASE BRING THIS INFORMATION WITH YOU TO YOUR FIRST APPOINTMENT