PATIENT

ANCASTER FOOT CLINIC

2-352 Wilson St. E., Ancaster, ON L9G 2C2 — 905-648-9176

Robert Nekrasas, D. Ch. — Chiropodist — Reg # 960423

CONSENT TO EXAMINATION, TREATMENT AND DIAGNOSTIC PROCEDURES

Name: _____

Date of Birth: _____

Date: _____

1. I authorize chiropodist Robert Nekrasas, D. Ch., to perform examinations, treatments and diagnostics procedures within the scope of practice as outlined by the College of Chiropodist of Ontario. I also understand that authorized personnel may assist him in performing these procedures.

2. I also consent to such additional or alternative diagnostic, operative or treatment procedures as in the opinion of the medical staff performing the procedures mentioned are considered incidental to, or immediately necessary and vital to health and life of the patient.

3. I agree to the retention by Robert Nekrasas, D. Ch. for the diagnosis, research, teaching or therapy or the disposal in accordance with the accustomed practice any material that may be removed during procedures.

4. I acknowledge that there may be a charge applied by the chiropodist for the consultation, visit and treatment. I agree to pay all charges in full when they are applied _____ (initials)

5. I give permission for relevant medical information to be shared between my family physician and Ancaster Foot Clinic.

6. I certify that all the information I provide is complete and accurate _____ (initials)

7. We do not disclose any information contained in patient files without the strict written consent of the patient.

Signature of Patient: _____

Media Release form

☐ I, the undersigned, do hereby consent and agree that Ancaster Foot Clinic & Orthotic Centre, its employees, or agents have the right to take photographs of my feet for research and advertising purposes in any and all media, now or hereafter known.

I do hereby release to Ancaster Foot Clinic & Orthotic Centre, its agents, and employees all rights to exhibit his work in print and electronic form publicly or Privately.

I understand that there will be no financial or other remuneration for recording me.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

☐ I DO NOT give consent for any pictures of my feet to be take.

_____

Printed Name

_____

Signature

_____

Date

PATIENT

Last Name: _____ First Name_____

Date of birth: _____ Gender: _____

Address: _____

City: _____ Postal Code: _____

E-mail: _____ Occupation: _____

Phone: (H) _____ (C) _____ (W) _____ ext_____

Family Physician: _____ Dr's tel.:_____

Weight: _____ Height: _____ How did you hear about our office: _____

INSURANCE INFORMATION:

Name of company: _____ Policy No.: _____ ID: _____

Medical Information

Do you have Diabetes? Y_____ N_____ Do you have Neuropathy? Y_____ N_____

Are you in good health? .....Y_____ N_____

Have you been under a physician's care in the last two years? ..... Y_____ N_____

Have you ever had severe chest pains or shortness of breath? .....Y_____ N_____

Are you subject to prolonged bleeding? .....Y_____ N_____

Have you ever fainted or passed out in a doctor's office? .....Y_____ N_____

Do you have low back pain? .....Y_____ N_____

Are you currently pregnant? .....Y_____ N_____

Do you now or have you ever smoked? ..... Y_____ N_____

Which hand do you most often use? .....R_____ L_____ B_____

Have you had any major operations?_____

Have you ever been treated for any of the following? .....

Heart	Kidney	Asthma	Phlebitis	Epilepsy	Anemia
Liver	Cancer	Ulcers	Gout	Arthritis	Clotting
Parkinson's	Scarlet Fever	Rheum Fever	High BP	Low BP	Healing Problems
AIDS	Thyroid	Psoriasis	Blood borne infections		TB

PATIENT

Podiatric Information

Do you ever have foot or leg **cramps**? .....Y_____ N_____

Do you ever get **numbness** in your feet or toes? .....Y_____ N_____

Do you ever get **tingling** in your feet or toes? .....Y_____ N_____

Have you ever had any **itching** in your feet? .....Y_____ N_____

Have you ever had any major foot or **leg injuries**? ..... Y_____ N_____

Have you ever had any foot or **leg surgery**? .....Y_____ N_____

Do or did **your parents** ever have any foot problems? .....Y_____ N_____

Do your feet **perspire** excessively? .....Y_____ N_____

Are your feet excessively **dry**? .....Y_____ N_____

Do your feet have a strong **odour**? .....Y_____ N_____

Do you treat your own feet or cut your own **callouses**? .....Y_____ N_____

Have you ever had your feet treated **before**? .....Y_____ N_____

By a Podiatrist_____ Chiropodist_____ Orthopedic Surgeon_____ Pedicurist_____ Other_____

Do you generally find your feet to be.....Hot_____ Cold_____ Normal _____

When walking, do you.....Toe In_____ Toe Out_____ Walk Straight_____

History

What is **your specific** foot problem? _____

How long have you had this problem? _____

What have you **done** about it? _____

Has this condition been seen by your **family doctor**? _____

Or **other clinician**? _____

Result of this care? _____

Does this problem affect your walking or **normal functioning**? _____

How much?_____

PATIENT

What type of pain is it?

Sharp ☐	Bruised ☐	Aching ☐
Dull ☐	Throbbing ☐	Hot ☐
Sore ☐	Stabbing ☐	Tender ☐
Numb ☐	Burning ☐	Other ☐

Onset

Sudden ☐ Gradual ☐
Constant ☐ Intermittent ☐

When does pain occur?

Upon Walking ☐	On Standing ☐
During Walking ☐	Lying in Bed ☐
After Walking ☐	Spontaneously ☐
During work ☐	Fancier Shoes ☐
After Work ☐	Always Present ☐
On Contact ☐	Comes & Goes ☐

Duration

< than 1 week ☐	>6 months ☐
1 to 2 weeks ☐	>1 year ☐
1 Month ☐	>3 years ☐
1 to 3 months ☐	>5 years ☐
>3 months ☐	Always ☐

Other Complaints

Legs _____
Knees _____
Hips _____
Back _____
Usage _____

Sports and Activities

Tennis ☐	Walking ☐
Squash ☐	Gardening ☐
Racquetball ☐	Dancing ☐
Badminton ☐	Skating ☐
Cycling ☐	Skiing ☐
Exercises ☐	Aerobics ☐
Swimming ☐	Running ☐
Golf ☐	Other _____

Allergies

Aspirin _____
Cortisone_____
Sulphas_____
Codeine_____
Novocaine_____
Penicillin_____
Erythro._____
Tape_____
Other_____

Medications: Please list / provide list

_____
_____
_____
_____
_____
_____
_____
_____
_____