WESTNEY HEIGHTS CHIROPRACTIC CENTRE Dr. David Surette BPHE, BEd, DC/ Dr. Karen Martindale-<u>Sliz</u> BSc, DC

FOOT CARE QUESTIONNAIRE

Date	Patient Name		Occupation		Sex M / F	
Birth date (D/M	/Y)	Age	Height Weig	ght Foot Size _	Foot Width	
Do you have ins	urance coverage?	Y / N Name o	f insurance company			
Activity Level:	Low / Medium	/ High	Are you diabetic? Y/	N Are you arthritic?	Y / N	
Do you wear ort	chotics?	Y / N	Do you wear compress	sion stockings?	Y/N	
Have you seen a foot specialist for medical foot care (e.g. ingrown toe nails, calluses, corns, etc.)?					Y/N	
Circle if you exp	erience signs or sy	mptoms in the fol	lowing areas:			
Back pain	Heel pain	Toe pain	Upper leg pain	Fore foot pain	Knee pain	
Hip pain	Ankle pain	Arch pain	Lower leg pain	Foot calluses	Flat feet	
Bunions	Swelling	Varicose Veins	Excessive shoe wear	Other		
Please describe:						
Notes:						
		0	RTHOTIC CON	SFNT		
risks, benefits at Potential Risks at those experience Anticipated Benefick Alternatives to I acknowledge I examination in § I consent to the	and alternatives to the and Discomforts - ed when purchasing the fits to Participan Custom Orthotics have discussed, or general, and my trong to the and my trong the and my tro	rm foot examination the assessment process and discomfoing and fitting new to a large and fitting new to a large and the opposestment in particular forces.	ons and fit custom orthocess and fitting. orts associated with such shoes. function, improved gait ustom orthotics include ortunity to discuss, with lar, as well as the conte	otics are required to add th foot examinations and and decreased pain in the earch supports and high my Chiropractor the nepts of this consent form	ature and purpose of a foot	
Dated the	day of	, 20	·			
Patient Signature (Legal Guardian)				Signature of Witnes	ss	
Name (Please Print) Rev. 5/20					Name (Please Print) WHCC, 5-110 Ritchie Avenue, Ajax, Ontario, L1S 7G5	