

LETS GET ACQUAINTED

WELCOME TO OUR OFFICE

PLEASE PRINT

NAME _____ BIRTH DATE _____ AGE _____
MONTH DAY YEAR

SHOE SIZE _____ SHOE WIDTH _____ HEEL HEIGHT _____ SHOE STYLES _____

HEIGHT _____ WEIGHT _____ CHANGE OF WEIGHT IN PAST TWO YEARS: _____ LBS. GAINED OR _____ LBS. LOST

RESIDENCE ADDRESS _____ HOME PHONE _____

CITY POSTAL CODE WORK PHONE _____

CHECK BEST NUMBER TO REACH YOU AT DURING DAYTIME HOURS

CELL. PHONE _____

FAX NUMBER _____

E-MAIL ADDRESS _____ OTHER NUMBER _____

EMPLOYED BY _____ OCCUPATION _____

LEISURE ACTIVITIES (SPORTS/EXERCISE) _____

CHILDREN _____ THEIR AGES _____ THEIR FOOT HEALTH _____

FAMILY PHYSICIAN _____ ADDRESS _____

PHONE NUMBER _____ CITY _____

DATE OF LAST VISIT _____ MAY WE SEND A REPORT OF YOUR FOOT EVALUATION _____

ONTARIO HEALTH INSURANCE NUMBER _____ VERSION CODE _____ EXPIRY _____

NAME OF OTHER HEALTH INSURERS _____

HAVE YOU HAD PREVIOUS CARE BY A FOOT SPECIALIST YES _____ NO _____

NAME _____ ADDRESS _____ DATE OF LAST VISIT _____

PREVIOUS FOOT X-RAYS _____ WHEN _____ WHERE _____ WERE YOU STANDING? _____

MY FOOT PROBLEMS INVOLVE MY

- _____ LEFT FOOT
- _____ RIGHT FOOT
- _____ BOTH FEET
- _____ OTHER

BRIEFLY DESCRIBE YOUR CURRENT FOOT

PROBLEMS: _____

NEW PATIENTS ARE OFTEN REFERRED BY OTHER PHYSICIANS OR ENTHUSIASTIC PATIENTS AND WE LIKE TO THANK THEM! WHOM MAY WE THANK FOR REFERRING YOU TO OUR OFFICE

NAME _____ ADDRESS _____

NAME _____ ADDRESS _____

I AM ALSO FAMILIAR WITH THIS OFFICE BY MEANS OF (CIRCLE ALL APPROPRIATE ITEMS)

YELLOW PAGES (WHICH BOOK)	FRIEND	OUTSIDE SIGN
	LOCATION	ADVERTISEMENT
WEBSITE/INTERNET	WORD OF MOUTH	OTHER:

PLEASE TURN TO SECOND PAGE