

Patient physicians & medical specialists:

Physician: _____ Phone: _____

Has your doctor treated your foot condition? Yes No

Other doctor: _____ Phone: _____

Type of doctor: _____

Did this doctor refer you to us? Yes No

Please list your current Rx medications:

(If you have a list, our office staff can photocopy and attach it)

Social history:

Do you smoke? Yes No If yes, how much? _____

Do you use alcohol? Yes No If yes, how much? _____

Are you pregnant? Yes No If yes, when is your due date? _____

Do you take blood thinners? Yes No If yes, when was your last INR? _____ What was the value? _____

Have you had previous surgeries? Yes No If yes, please explain? _____

Have you ever fainted? Yes No If yes, please explain? _____

Patient's Consent: (must be completed and signed before foot exam)

- I consent / allow examination and treatment by the Chiropractor and allow photographs of treatment areas to be taken for the purposes of monitoring my foot conditions.
- I consent / allow photographs of my foot condition to be used anonymously for educational purposes.
- I consent / allow the Chiropractor to contact my physician for any pertinent information required relating to my treatment or medical information.
- I consent / allow the Chiropractor to send my physician or health care professional a report regarding my foot exam and treatment plan.
- I understand that Chiropractic is not an OHIP-covered service and I am financially responsible for all charges, whether covered by my health insurance plan or not.
- I understand that service fees are payable at the time service is provided.
- I consent / allow McQuistan Chiropractic to contact me through email to confirm appointments or to provide clinical updates.

Patient's name (please print): _____

Patient's signature (or guardian): _____ Date: _____

McQuistan Chiropractic promises to treat your personal information with respect. Our privacy protocols comply with provincial privacy legislation, the standards of the College of Chiropractors of Ontario, and the law.

We will help you, to the best of our ability, investigate any potential coverage for our services but ultimately, it is the patient's responsibility to be aware of their own insurance plan.

Be assured that everyone in our office is committed to ensuring that you receive the best quality footcare.

Chiropractor's signature: _____ Date: _____

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- Ujala Khanderia D.Pod.M., B.A.

- Alicia McQuistan D.Pod.M., B.A.
- Syed Wasim M. Qadri D.Ch. B.Sc.