

McQuistan Chiropractic - Patient intake form

McQuistan Chiropractic Professional Corporation®

Welcome to McQuistan Chiropractic!

Please help us get to know you better by providing the following information:

First name: _____ Last name: _____ Title: _____

Address: _____ City: _____ Postal Code: _____

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

Date of birth: (D/M/Y) _____ Email address: _____ Occupation: _____

Would you like us to confirm appointment? Email: yes No Phone: yes No

Emergency contact: _____ Relationship: _____ Phone: _____

How did you hear about our clinic? (please specify)

Newspaper Internet Doctor Other _____ Friend / family _____

Help us help you !

Please answer the following foot related questions:

Your foot problems involve:

- Left foot only Right foot only Both feet

Why are you here today? Explain your current foot problem

Is this problem getting:

- Worse Better Same / no change

Have you ever had treatment for this problem? yes No

Have you had foot x-rays: yes No When: _____

Have you ever been treated for: (systemic conditions)

- Diabetes How long have you had it : _____
 Heart disease Liver disease
 High blood pressure Skin disorder
 HIV/Aids Arthritis
 Cancer Shortness of breath
 Stroke High cholesterol
 Depression Stomach / Bowel issues
 None Apply Other: _____

Cont. _____

What is your current:

Height: _____ Weight: _____ Shoe size: _____

On average how much are you on your feet?

- 20% 40% 60% 80% 100%

What type of shoes do you wear most :

Work: _____ Leisure: _____

Do you use custom orthotics (shoe inserts)? yes No

Check any sports or activities you participate in regularly:

- Walking How long do you walk : _____ minutes
 Running How far do you run : _____ Km _____ X per week
 Soccer Skiing Aerobics Golf

Other: _____

Have you ever been treated for: (foot specific conditions)

- Warts Gout Broken feet / leg
 Calluses Corns Neuroma
 Bunions Flat feet Ingrown nails
 Hammer toes Ankle injury Ulcerations
 Heel pain Childhood Foot Problems

Do you have any known allergies to:

Anesthetics? yes No Tape/band aids? yes No

No allergies Other: _____

Continued on other side...

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 hereby allow and consent to 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 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.

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 patients 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 Signature: _____ Date: _____

- Colin McQuistan D.Ch., BSc. Podiatric Medicine, Dip O&P tech.
- Alicia McQuistan D.Pod.M., B.A.