

McQuistan Chiropody - Patient Intake Form

Welcome to McQuistan Chiropody! 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) _____ Occupation: _____

How would you like appointments confirmed? Email address: _____ Phone

Emergency contact: First name: _____ Last name: _____

Relationship: _____ Phone: _____

How did you hear about our clinic?

Newspaper Internet Doctor Other (please specify) _____ 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 often 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...