



Orthotic New Patient Form

101-230 East Avenue, Kitchener, Ontario, Canada, N2H 1Z4

519 593 2354

Patient Information

Date: / /

First Name:	Middle Name:	Last Name:
Address:	City:	Province:
Country:	Postal Code:	
Cell Phone:	Home Phone:	Email:
Date of Birth:	Gender:	Employer:
Occupation:	Work City:	Work Phone:

Which method of communication do you prefer?

- Cell Phone
- Home Phone
- Work Phone
- Email

Are you here for?

- Orthotics
- Orthopaedic Shoes

How did you hear about our clinic?

- Friend/Family:
- Phone Book
- Sign
- Medical Doctor:
- Massage Therapist
- Internet Search
- Brochure
- Personal Trainer
- Physiotherapist
- Naturopath
- Other:

Medical Doctor

Name:

City:

I authorize a report to be sent to my doctor:

- Yes
- No

Initials:

Do you presently wear foot orthotics:

- Yes
- No

Since when have you been wearing orthotics?

How long since last pair?

Body

Height: Feet Inches Weight lbs

OR

Height: cm Weight kg

Please put a #1 beside the footwear that you wear most often, a #2 beside second most common until #4

- | | | | |
|--|---|---|--------------------------------------|
| <input type="checkbox"/> Running Shoe | <input type="checkbox"/> Work Boot | <input type="checkbox"/> Casual Walker Shoe | <input type="checkbox"/> Winter Boot |
| <input type="checkbox"/> Mens Dress Shoe | <input type="checkbox"/> Dress Low Heel | <input type="checkbox"/> High Heel | <input type="checkbox"/> Sandals |
| <input type="checkbox"/> Dress Flat | <input type="checkbox"/> Flipflops | | |

Past Medical History

Have you had a fracture? Yes No Location:

Do you have a history of foot problems in your family? Yes No

Do you have any sprained ankles? Yes No

- Left # of sprains:
- Right # of sprains:

Have you been diagnosed with any of the following conditions?

- Arthritis Osteo Arthritis Rheumatoid Bunions Polio
- Diabetes Gout Plantar Warts
- Stroke Athletes Foot Circulatory Condition

Other:

When did this condition begin

days week(s) month(s) year(s)

Severity of your pain at this time (please circle) No pain 0 1 2 3 4 5 6 7 8 9 10 Worst Pain Ever