



366 Hespeler Road, Unit 12 Cambridge, ON. N1R 6J6 (519) 624-4122

Douglas C. Broad, D.Ch.

Chiroprapist

PLEASE PRINT

First Name _____ Last Name _____
Home Address _____ City _____
Postal _____ Telephone _____ Cell _____
Date of Birth D ___ M ___ Y ___ Email _____
Occupation _____ Employer _____ Telephone _____
Referred by _____ Family Doctor _____
Explain your current foot problem? (Why you are here)

MEDICAL AND CHIROPODY INFORMATION

- 1. How is your general health? Good [] Fair [] Poor []
2. Has your doctor treated your foot problem? Yes [] No []
3. Are you subject to prolonged bleeding? Yes [] No []
4. Are you taking anti-coagulants? Yes [] No []
5. Are you taking any medications or drugs at this time? Yes [] No []
Please list _____
6. Have you ever been treated for any of the following?
[] Heart Trouble [] Stroke [] High BP
[] Asthma [] Rheumatic Fever [] Skin conditions
[] Diabetes [] Leg Cramps on Walking [] Steroid Therapy
[] Varicose Veins [] Osteoarthritis [] Rheumatoid Arthritis
[] HIV [] Epilepsy [] Hepatitis
[] Gout [] Hyperthyroid [] Hypothyroid
7. Have you experienced any adverse effects from: Penicillin [] Aspirin [] Cortisone []
Sulpha drugs [] Tape [] Novocain [] Codeine [] Others _____
8. Have you ever had any foot injuries or foot surgery? Yes [] No []
9. Have you ever had previous care by a foot specialist? Yes [] No []

INFORMED CONSENT:

I hereby allow and consent to examination and treatment by the Chiroprapist and allow photographs of treatment areas to be taken for the purposes of monitoring.
I understand that I am financially responsible for all charges whether covered by my health insurance plan or not and that service fees are payable at the time service is provided.
I allow the Chiroprapist to send my physician or health care professional a report regarding my foot exam and treatment plan.
I acknowledge that Achilles collects payment on behalf of Douglas C. Broad, D.Ch.

DATE _____ SIGNATURE _____
(Parent or Guardian if under 16 years old)

All personal information is kept confidential as outlined in our Privacy Policy.
We appreciate your cooperation, THANK YOU.