



Aesthetics in Podiatry
FAMILY FOOT CARE CENTERS

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We are pleased you have confided in us for your foot care. The staff wishes to welcome you to our office. We take pride our professional capabilities and do our best to accommodate you in every way possible. We accept new patients without a Doctor's referral. Adult foot problems begin in childhood. Please have your children's, grandchildren's feet examined. **FOR PATIENT PROTECTION, ALL INSTRUMENTS ARE COMPLETELY STERILIZED BEFORE EACH TREATMENT ACCORDING TO REGULATIONS**

Please answer the following questions fully to help us become acquainted and speed up your initial visit. If you need assistance, do not hesitate to call 416-921-8444 and ask our receptionist.

Full Name:					Date:		
Name of Parent or Guardian if patient under the age of 18:							
Address:					Apt. #		
City/Town:					Postal Code:		
Phone Home:			Work Phone:		Mobile Phone:		
Health Card Number:				Version Code:		Expiry Date:	
Date of Birth:	Year	Month	Day	Age	Weight	Shoe Size:	
Occupation:							
Employer:							
Are you or your partner covered under any additional type of medical insurance that covers prescriptions, eyeglasses or dental? Example: Great West Life, Blue Cross, Aetna etc.							
Yes	No	If yes, name of insurer					
How did you hear about our office?				Name of person if referred:			
Do you have allergies to any medication or materials?				Yes	No	If yes, specify	

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Is there a personal or family history of diabetes?	No	Mother	Father	If Self		
				Pills	Insulin Injections	
Are you pregnant?	Yes	No	Maybe	If yes, please inform our receptionist		
Do you wear high heels?	Yes	At work	Daily	Occasionally	Never	
At present do you take any medications regularly, including birth control						
Yes	No	List any medication you take				
Have you tested HIV POSITIVE?	Yes	No	Have never been tested			
Do you have any diseases or medical condition?	Yes	No	If Yes, specify			
Are you prolonged to bleeding?	Yes	No	Are you on blood thinners?	Yes	No	
Do you have problems healing?	Yes	No	Are you prone to infection?	Yes	No	
Have you been treated or had any serious medical problems (Heart, Kidney etc.	If yes, specify					
Have you ever fainted in a doctor's office	Yes	No	Or when giving blood	Yes	No	
Name of your family doctor				Last visit		
Family doctor's address				Phone		
Have you had you feet examined	Yes	No	By whom:			
Name of former podiatrist						
Have you ever worn orthotics	Yes	No	Who made them?			
What is your foot problem?						
As opposed to an M.D (Medical Doctor) consequently there is a fee for our examination, x-rays (if necessary) and/or treatment. You are responsible for fees the day of your visit.						
Date			Signature			
Occasionally, we must change or confirm a future appointment. Who can we call if we cannot reach you?						
Name		Relationship			Phone Number	