PICKERING WELLNESS CENTRE

From Pain Relief to Wellness Care Naturally!!
1128 Kingston Road, Pickering, ON, L1V 1B4
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Email: pickeringwellness@yahoo.ca
Website: www.pickeringwellness.ca
Online Store: www.pickeringwellness.meta-ehealth.com

CHIROPODY INTAKE HISTORY FORM

Name: First: _____ Last:_____
D.O.B. (D/M/Y): _____ Gender: (please circle) M F
Address: _____
City: _____ Postal Code: _____
Phone # Home :(_____) _____ Work: (_____) _____
Shoe size: _____ Weight: _____ Height: _____
Footwear: (types worn)
Parents/Guardians names (If under 18)
Name_____ Phone # _____
Name_____ Phone # _____
Family Physician_____

How did you hear about us?
_____

Briefly explain your current foot issue and when it started_____
_____

Current Medical History
Medications:_____
_____

Allergies_____
_____
Surgeries_____
_____
Are you being treated for or have been treated for the following conditions:

	Diabetes Type 1 Type 2		Blood disease
	Heart attack		HIV/AIDS
	Stroke		Hepatitis A B C
	High blood pressure		Liver
	Cholesterol		Kidney
	Heart issues		Thyroid

	Osteoarthritis		Breathing issues
	Rheumatoid arthritis		Depression
	Gout		Anxiety
	None apply		

Other:_____
_____

Our Privacy Policy at Pickering Wellness Center is in compliance with the privacy protocols and standards set by the College of College of Chiropodists of Ontario.
Patients Signature:_____ Date: _____
Print Name: _____

Name: _____ D.O.B _____
C/C:_____

Relevant Medical History:
_____
_____

O/E:_____

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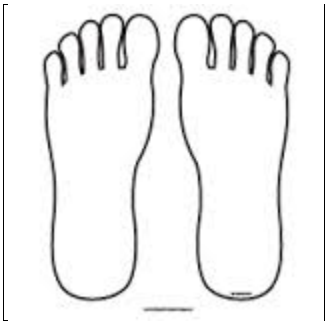

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