JD COWEN FOOT AND ANKLE CLINIC

Balmoral Medical Arts Building
403-1366 Yonge Street, Toronto, Ontario, M4T3A7
Jeffrey D Cowen, BA, DCH, HBSc, CFPM, APMA
Chiropodist – Foot Specialist Lic. #920343
Tel: 416-920-4878 Fax: 1-866-559-2841
WWW.THEFOOTGURU.CA

First Name _____ Last Name _____

Address _____ City _____ Postal Code _____

Date of Birth (D/M/Y) _____ Email Address _____

Phone (H) _____

(Cell) _____ (Business) _____

Would you like us to confirm your appointments by Email : ☐ Yes ☐ No Phone: ☐ Yes ☐ No

Do you have Extended Health Care Insurance? ☐ Yes ☐ No Name _____

How did you hear about our office?

☐ Friend/family/colleague _____

(please indicate referrer's name so we may thank them)

☐ Internet ☐ Newspaper/Article ☐ Health care professional/ Family Doctor _____

☐ Yellow pages ☐ Gold Book ☐ Other (please specify) _____

Your current foot problem involes:

☐ Right Foot Only ☐ Left Foot Only ☐ Both Feet

Please explain: _____

_____

_____

Have you ever been treated for: (check all that apply)

☐ Back pain ☐ Gout
☐ Warts ☐ Broken foot/leg bones
☐ Heel pain ☐ Flat feet
☐ Ankle injury ☐ High arch feet/pain
☐ Corns ☐ Neuroma
☐ Callouses ☐ Knee pain
☐ Bunions ☐ Ingrown nails
☐ Hammertoes ☐ Childhood Foot Problems

What is your current:

Height: _____ Weight: _____ Shoe Size: _____

What type of footwear do you wear most for work or leisure?

☐ Safety shoe/boot ☐ Athletic ☐ Dress ☐ Sandal

☐ Other _____

Do you currently use orthotics (shoe inserts)? ☐ Yes ☐ No

Check any sports or activities you participate in regularly:

☐ Walking ☐ Running
☐ Aerobics/Aqua Fit ☐ Golf
☐ Hockey ☐ Soccer
☐ Racquet Sports ☐ Skiing
☐ Other: _____

Continued on other side ...

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Please answer the following questions

Do you have or have you ever been treated for:
(Check all that apply)

- ☐ Diabetes: Type 1 Type 2 How Long? _____
- ☐ Heart Trouble
- ☐ Hepatitis
- ☐ Liver Disease
- ☐ Urinary Problem
- ☐ Stroke
- ☐ Depression
- ☐ Bone Disease
- ☐ Cholesterol
- ☐ Cancer
- ☐ Tuberculosis
- ☐ None Apply
- ☐ Skin Disorder
- ☐ Thyroid Problem
- ☐ HIV/AIDS
- ☐ Blood Disease
- ☐ Stomach/Bowel Trouble
- ☐ Anxiety
- ☐ High Blood Pressure
- ☐ Arthritis
- ☐ Epilepsy
- ☐ Shortness of Breath
- ☐ Other: _____

Please list your current Rx medications:

_____

_____

_____

Do you have any known allergies to:

Local anesthetics? (e.g. Xylocaine, Novocaine) ☐ Y ☐ N
Adhesive tape/band-aids? ☐ Y ☐ N
No allergies known: ☐ Y ☐ N
Other: _____

Are you slow to heal after cuts? ☐ Y ☐ N
Do you bruise easily? ☐ Y ☐ N
Do you currently have a pace maker ? ☐ Y ☐ N
Do you currently have a hearing aid ? ☐ Y ☐ N
Do you have any electronic inplants ? ☐ Y ☐ N
Are you currently pregnant or nursing? ☐ Y ☐ N

Patient Physicians

Family Physician: _____
Phone: _____

Has your doctor treated your foot condition? ☐ Y ☐ N
Did this doctor refer you to us? ☐ Y ☐ N

Patient's Consent:

☐ I hereby allow and consent to examination and treatment by *J D Cowen Foot & Ankle Clinic* and allow photographs of treatment areas be taken for the purposes of monitoring.

☐ I consent/allow *J D Cowen Foot & Ankle Clinic* to contact my physician for any pertinent information required relating to my treatment or medical information.

☐ I consent/allow *J D Cowen Foot & Ankle Clinic* to send my physician or health care professional a report regarding my foot exam and treatment plan.

☐ I understand that I am financially responsible for all charges whether covered by my health insurance plan or not .
I understand that service fees are payable at the time service is provided.

Patient's Signature (or guardian): _____ Date: _____