

MINOO SHAKIBAI
CHIROPODY PROFESSIONAL CORPORATION
DUFFERIN FOOT CLINIC

1649 Dufferin Foot Clinic, Suite 104, Toronto ON M6H 3L9 Tel: 416-654-5515
www.dufferinfootclinic.com

Patient Registration Form

Title: _____ Surname: _____ First Name: _____
Date of Birth (M/D/Y): _____ Sex: M / F _____
Address: _____ City: _____
Postal Code: _____ Email: _____
Telephone Number: _____ Occupation: _____
Family Doctor: _____ Family Doctor Phone Number: _____

RIGHT

LEFT

Shoe Size: _____ Height: _____ Weight: _____

Who referred you to this clinic?

What is your complaint?

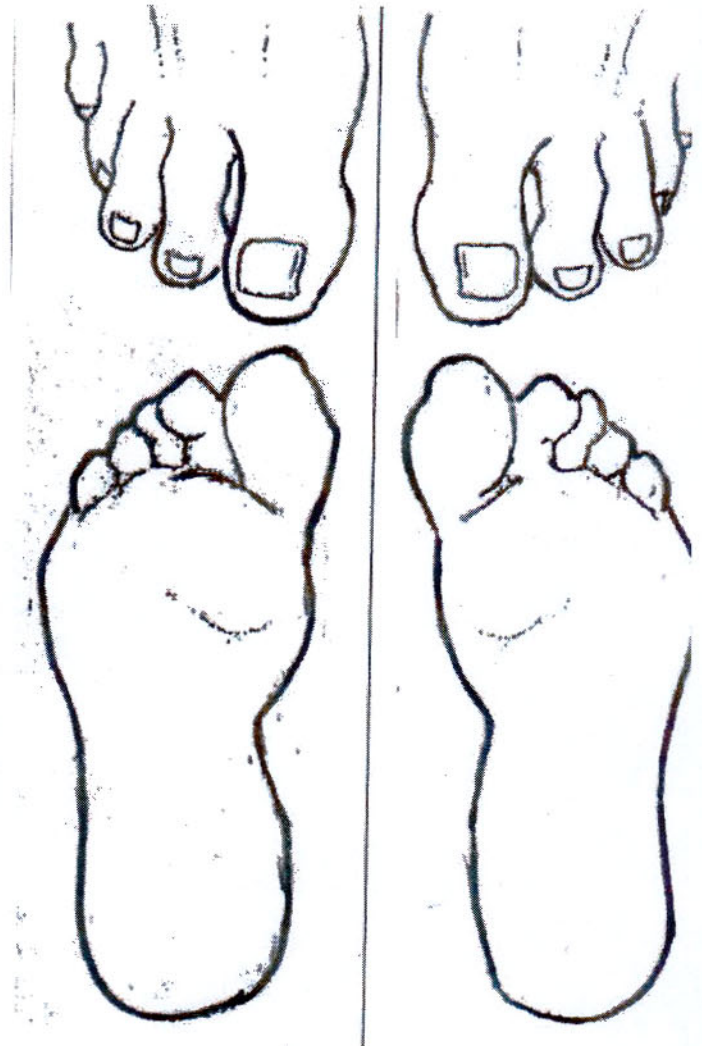
What treatment have you tried, have they been effective?

How long have you had the problem for?
 Days Weeks Months Longer

Is this condition causing or are you suffering with any of the Following issues:

- Tingling/numbness: Pain Radiating:
Weakness:
 Legs R / L Ankle R / L Legs R / L
 Ankle R / L Feet R / L Ankle R / L
 Feet R / L Toes R / L Foot R / L

- Difficulty with:
 Standing Sitting
 Bending Walking
 Kneeling Lifting



Please list any current medications/supplements you may be taking?

Have you seen another Chiropractor or Podiatrist before? No Yes

If yes, is there anything you were not happy about? _____

What aspects were you most happy with? _____

“Why is it important to you that you get rid of your problem as soon as possible?”

Are you allergic or sensitive to?

- Penicillin Sulfa Tape Latex Betadine (iodine)
Tylenol Advil Aspirin Ibuprofen None
Other, specify: _____

Please check any condition, illness or injuries, and any hospitalization or surgeries:

- Diabetes High Blood Pressure Cholesterol Cardiovascular Disease-Cancer
Asthma Arthritis Mental Health Condition Allergies Cancer Circulation
Problems Heart Murmur Musculoskeletal Neurological Thyroid
Depression/Anxiety Skin Disorders Others, specify: _____

Please check any condition that have occurred in family members:

- Diabetes High Blood Pressure Cardiovascular Disease Cancer Arthritis
Mental Health Condition Other _____

Do you have artificial joints? No Yes Where? _____

Are you pregnant? No Yes

Are you nursing? No Yes

Do you smoke? No Yes

Terms of Condition

I understand that should I cancel or not attend a scheduled appointment without providing 24 hour notice that a fee of \$50.00 will be charged. Not attending an appointment is an inconvenience to the clinic, and our other patients (we have a long list of people waiting an appointment).

Signature: _____ Date: _____