HEALTHY HEELS

& MORE INC.

Identification

Circle One: Mr. Mrs. Ms. Miss.

LAST NAME:_____ FIRST NAME: _____

MIDDLE NAME: _____ DATE OF BIRTH: _____

Mailing Information

ADDRESS: _____ CITY: _____

PROVINCE: _____ POSTAL CODE: _____

Contact Information

HOME PHONE: _____ CELL PHONE: _____

WORK/BUS. PHONE: _____ E-MAIL: _____

EMERGENCY CONTACT NAME(S): _____

EMERGENCY CONTACT NUMBER(S): _____

Medical Information

FAMILY DOCTOR: _____

Are you diabetic? ☐ YES ☐ NO If yes, are you on **PILLS** ☐ or **INSULIN** ☐ ?

Are you on any blood thinners? ☐ YES ☐ NO If yes, specify: _____

_____

Do you have any allergies? ☐ YES ☐ NO If yes, specify: _____

_____

_____

Do you have any history of surgeries? ☐ YES ☐ NO

*All information provided above will remain confidential.

If yes, specify: _____

_____

_____

Do you have any medical conditions? ☐ YES ☐ NO

If yes, specify: _____

_____

_____

Are you currently on any medications? ☐ YES ☐ NO

If yes, specify: _____

_____

_____

Additional Information

Who were referred by? ☐ Family Doctor ☐ Other: _____

If referred by your family doctor, did he/she provide you with a Dr.'s note? ☐ YES ☐ NO

Do you have Green Shield coverage? ☐ YES ☐ NO

What is or was your job title? (not retired) _____

Does your job require you to be on your feet for extended periods of time? ☐ YES ☐ NO

Have you ever had foot care done by a professional? _____

Have you ever had skin cancer? If yes, what type? _____

Do you wear orthotics? _____

Do you have orthotic coverage?_____

What do you wear on your feet in the house?_____

Do you have any foot issues today? If so please list problem._____

_____

*All information provided above will remain confidential.