Patient Intake Form

Full Name: _____

Address: _____City: _____ Postal Code: _____

Date of Birth: (d/m/y)_____/_____/_____ Age:_____ Email:_____

Height (Ft-In) & Weight (Lbs): _____ Shoe Size _____

Home Phone: _____ Occupation: _____

Work Phone: _____ Cell Phone: _____

What health concern has brought you to our office? _____

How long has this been affecting you? _____

How did you hear about our clinic?/How were you referred?_____

Name of Medical Doctor:_____

Feel free to share your experience with family & friends. We are always accepting new patients would like to help others by supporting their feet with custom orthotic inserts.

Please check any of the following that apply to you:

- ☐ Foot Pain/Arch Pain
- ☐ Bunions
- ☐ Heel Spurs/Pain
- ☐ Plantar Fasciitis
- ☐ Metatarsalgia
- ☐ Ankle Pain/Sprains
- ☐ Achilles Tendonitis
- ☐ Peroneus Tendonitis
- ☐ Shin Splints
- ☐ Knee Pain/Hip Pain
- ☐ Patellar Femoral Syndrome
- ☐ I-T Band Syndrome
- ☐ Pes Planus/Pes Cavus
- ☐ Congenital/Post-Traumatic
- ☐ Abnormal Gait
- ☐ Chronic Postural Stress
- ☐ Poor Posture/Balance
- ☐ SI – Sacro-Iliac Joint Inflammation
- ☐ Low Back Pain
- ☐ Neck Pain
- ☐ Headaches

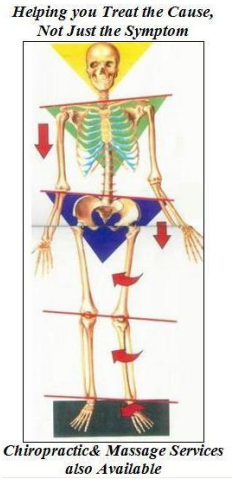
EXTENDED HEALTH BENEFITS

Most extended health benefit plans will reimburse patients for Custom Orthotic Inserts, Pre-Fabricated Orthotic Shoes & Custom Compression Socks/Stockings.

Name of Extended health Care Provider: _____

Do you have extended health benefits for orthotics (Y)_____

Do you require a MD/Podiatry/ Prescription? Yes____ No____ Unsure _____



Patient's Consent to Examination: I hereby offer my consent for examination to Dr. Michael Horowitz for the assessment of my feet, weight bearing joints and muscles that affect my posture/spine. I understand that foot/spine misalignment can cause symptoms in the feet and affect areas higher up such as my ankles/knees/hips/back & spine.

_____ _____ _____

Patient's Signature Dr. Michael Horowitz Date

Thank you for choosing Vancouver Custom Orthotics.
We also offer chiropractic and massage services!

114 – 3195 Granville Street **604.737.3668** **www.vancouverorthotics.ca**