CANADIAN FOOT CLINIC & ORTHOTIC CENTRE

NEW PATIENT INFORMATION FORM

Michael Mesic & Associates, Doctors of Podiatric Medicine (Chiropodist)

Please fill out both pages of this form to the best of your ability and sign. Ask for assistance if required.

Date Today (m/d/yr):____/____/_____ Date of Birth (m/d/yr):____/____/_____ Age:_____ Sex: M / F

Mr / Ms / Mrs Name: Last _____ First _____ Middle _____

Address: _____ City:_____ Postal Code: _____

Home Phone #:_____-_____-_____ Cell Phone #: _____-_____-_____ Work Phone #:_____-_____-_____

OHIP/ Health Card Number: ___ ___ ___ ___ - ___ ___ ___ - ___ ___ ___ **2 Letter Version Code**: ___ ___

*MM does NOT bill OHIP but requires your number if we communicate with your family doctor and to generate your patient I.D. number on our medical software program

Referred by: □doctor □yellow pages □website □newspaper □radio □friend:_____□other:_____

Family Doctor:_____ Previous foot care provider(s):_____

Have you ever had orthotics (custom shoe inserts)? □ Yes □ No Age of Orthotics?_____ Made by:_____

Employer:_____ Occupation:_____

Insurance Company:_____ Your Email:_____

Emergency Contact Person:_____ Relation:_____ Phone #: _____-_____-_____

Weight:_____ Height:_____ Shoe Size:_____ If female are you pregnant: □Yes □No

CURRENT FOOT PROBLEM(S):

Please describe your foot problem including location, length of time, any injuries, previous treatments, results, etc

_____

_____

_____

_____

ILLNESSES or DISEASES:

Have you or do you currently have any of the following:

□Diabetes	□Heart Disease	□Heart Attack	□High Blood Pressure / Hypertension
□Osteoarthritis/DJD	□Rheumatoid Arthritis	□Gout	□Other Arthritis _____
□ Heart Murmur	□Arrhythmia	□Stroke	□Heart Valve Prolapse / Replacement
□Angina	□Headaches	□Vision Problems	□Artificial joint / hip or knee replacement
□Asthma	□Bronchitis	□Lung Disease	□Emphysema or COPD
□Anemia	□Sickle Cell	□Bleeding Disorders	□Foot or Leg Wound / Ulcer
□Night Cramps	□Varicose/Spider Veins	□Poor Circulation	□Calf pain when walking a certain distance
□Blood Clots/DVT	□Stomach Ulcers	□GI/Rectal Bleeding	□Irritable Bowel Syndrome / Colitis
□Hernia	□Acid Reflux	□Epilepsy	□Thyroid Disease
□Kidney Problems	□Bladder Problems	□Prostate enlarged	□Sexually transmitted disease_____
□Skin Conditions	□Liver Disease	□Hepatitis	□Cancer History/ Type_____
□AIDS/HIV	□Muscle Disease	□Pancreatitis	□Psychiatric Conditions_____
□Anxiety/Depression	□Fibromyalgia	□Raynauds Disease	□Hearing Problems / deafness
□Lupus	□Drug Dependence	□Alcohol Dependence	□Osteoporosis / Osteopenia (thin bones)

Please list any other medical conditions not listed above that you have been diagnosed with by a physician:

_____

_____

(Please complete 2nd page) →

ALLERGIES

(please check appropriate box if you have had allergies to any of these drugs):

☐ Penicillin ☐ Novocain ☐ Cortisone ☐ Aspirin ☐ Iodine ☐ Tape/Adhesives
☐ Codeine ☐ Latex ☐ Ibuprofen/Advil ☐ Tylenol ☐ Sulfa
☐ Local Anesthetics ☐ Other Antibiotics _____
☐ Other Pain Medication _____
☐ Non-Steroidal Anti-Inflammatory Medications_____
☐ Metal Sensitivity: ☐ Nickel ☐ Stainless Steel ☐ Titanium
☐ Other Allergies _____

MEDICATIONS:

Please list all drugs you are currently taking – if you have a list please ask secretary to make a copy.
If you do not recall which medications, please state what medical condition you take them for.

Drug	Drug
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PREVIOUS SURGERIES, HOSPITALIZATIONS & INJURIES:

_____
_____
_____

FAMILY HISTORY OF ILLNESS (please list any medical conditions that run in the family, including foot problems):

_____
_____

SOCIAL HISTORY:

Tobacco Use? ☐ No ☐ Yes, how much per day? _____ How many years? _____ Year quit? _____
Alcohol Use? ☐ No ☐ Yes, How many drinks per week? _____
Drug Use? ☐ No ☐ Yes, what type? _____
Exercise? ☐ No ☐ Yes, Type & Frequency? _____

Michael Mesic & Associates, Doctors of Podiatric Medicine are not medical doctors but rather are licensed foot specialists. Michael Mesic was educated in the U.S. as a podiatrist with surgical residency training. He is considered a podiatrist in the U.S., and in other Canadian provinces, except Ontario where he is a registered chiropodist since he entered after the 1993 cap on podiatrist registrants. None of the services provided my Michael Mesic are covered by OHIP. Your initial visit fee and subsequent visit fees do not include fees for additionally performed services and dispensed items. It is the responsibility of the patient to inquire about coverage from any supplemental insurance plan. The patient is responsible for all fees charged and payment is expected on the day of your visit. Overdue balances will be subjected to a 2% monthly interest charge. Due to the nature of medicine, no guarantees as to the success of treatment can be made and the patient is responsible for fees charged despite the outcome. Refunds or exchanges will be determined solely by the Canadian Foot Clinic and are not permitted for custom made devices and all other unsellable items. Footwear exchanges or returns are only permitted according to the CFC footwear policy. The patient understands and accepts all risks and complications involved with treatments rendered, advice given and with the use of dispensed or recommended products. The patient permits Michael Mesic, his associates and their staff to communicate with and disclose provided information to their physician(s) and insurance companies for the purpose of referral letters, treatment and billing verification as required per our privacy policy. We will not sell your information to third parties unrelated to our practice. Missed appointments without 24 hours notice will incur a full office visit charge. The patient agrees to inform our office of any changes in medical history, allergies, medications and if they are nursing, pregnant or trying to become pregnant.

The patient agrees that all information provided on this document is complete, accurate and consents to being treated by the practitioner(s). By signing, the patient agrees to the above listed terms.

Signature:_____ Date Today (m/d/yr):_____