simcoefootclinic
Comprehensive. Professional. Caring.

Ian McLean
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Chiropodist

simcoefootclinic.ca

180 Parsons Road
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L9R 1E8

tel. 705.435.3668
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Welcome to the Simcoe Foot Clinic! Chiropody Services in Ontario are not covered by OHIP, but are covered by most Third Party Insurance, Extended Health Care Plans & Veterans' Affairs, and/or can be used for income tax health deduction purposes. Chiropodists and Podiatrists are the ONLY recognized Foot Specialists in Ontario.

Not all fees are displayed but would be discussed on an individual basis as needed. The fee guide is based on the Ontario Society of Chiropodists and the Canadian Federation of Foot Specialists and is determined by:

- the time requirement to perform the service
- the level of skill required to perform the service
- the cost associated to perform the service
- the education level and training required to perform the service
- the level of risk associated with performing the service

Fee Structure

Initial Visit / Re-Assessment / Examination / Treatment (L5)			**$70-90**
Return Visit / Examination / Treatment (L1-L4)			**$45-65**
Extended Visit / Examination / Treatment			**$10- 20**
Emergency Visit			**$100**
LASER Yag 1064nm session**: Fungal Nails**			**$100 - $300**
	Warts		**$75-$150**
Plantar Warts / Veruccae Treatment (Cryo N02, etc)			**$45-55**
Local Anesthetic Injection (plus additional cost of visit)			**$40**
Cortisone Injection (plus additional cost of visit)			**$40**
Orthotics	**Custom made orthotics case fee** Includes the biomechanical assessment, gait analysis, casting, one pair of orthotics, fitting, review and adjustments within 3 months		**$475-575**
Orthotics Review/Repair review and adjustments after 6 months from casting			**$50-125**
Shoe Padding / Alterations			**$40-90**
Surgery	**Nails:**	**Partial nail avulsion**	**$350**
		Total nail avulsion	**$400**
		For additional toes at same time	**$150**
	Soft Tissue		**$250-550**
	Tendon		**$150-450**
	Neuroma		**$350-650**
Cancellation/Tardiness/No Show Fee			**$30-50**

We require 24 hours notification for cancellation of an appointment
or a fee will be charged for your missed appointment or last minute cancellation.

****Payment in full is required after treatment****
Prices may be subject to a yearly increase

I understand and agree to the above fee structure and hereby authorize the Chiropodist in charge to perform treatment on myself as explained to me by the Chiropodist.

Signature of Patient or Guardian

Date

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Collection, Use and Disclosure of Personal Information

Here is a summary of our privacy policies, which outline what our office is doing to ensure that

- only necessary information is collected about you
- we only share your information with your consent
- storage, retention and destruction of your personal information complies with existing legislation and privacy protection protocols

Summary of Uses, Collection and Disclosure of Personal Information at Simcoe Foot Clinic

- to deliver safe and efficient patient care
- to identify and to ensure continuous high quality of service
- to assess your healthcare needs
- to provide health care
- to advise you of treatment options
- to enable us to contact you
- to establish and maintain communication with you
- to offer and provide treatment, care and services in relationship to chiropody care generally
- to advise you of special events or opportunities
- to advise you that a product or service should be reviewed
- to communicate with other treating health care providers, including specialists and referring health care practitioner e.g. family doctor
- to allow us to maintain communication and contact with you
- to book and confirm appointments
- to allow us to efficiently follow up for treatment, care and billing
- for teaching, research, demonstration purposes on an anonymous basis
- to complete and submit chiropody claims for third-party adjudication and payment
- to comply with the legal and regulatory requirements of the College of Chiropodist of Ontario, according to the provisions of the Regulated Health Professions Act by MoHLTC
- to permit potential purchasers, practice brokers or advisors to evaluate and conduct an audit in preparation for the sale of the chiropody practice
- if applicable to deliver your charts and records to the chiropodist's insurance to enable the insurance company to assess liability and quantify damages
- to prepare material for the Health Professions Appeal and Review Board (HPARB)
- to invoice for goods and services
- to process credit card payments
- to collect unpaid accounts
- to assist this office to comply with all regulatory requirements
- to comply generally with the law

Our organization, Simcoe Foot Clinic, includes chiropodists, chiropody students and support staff. We are aware of the sensitive nature of the information that you have disclosed to us. At Simcoe Foot Clinic, we are all trained in the appropriate uses and protection of your information. We use a number of consultants and agencies that may, in the course of their duties, have limited access to personal information we hold. These include computer consultants, office security, maintenance and cleaners, bookkeepers and accountants, temporary workers to cover holidays/sick days, credit card companies, website managers and lawyers. We restrict their access to any personal information we hold as much as is reasonably possible. We also have their assurance that they follow appropriate privacy principles and will not disclose any of your information.

By signing the Simcoe Foot Clinic Patient Consent Form, you have agreed that you have given your informed consent to the collection, use and/or disclosure of your personal information for the purposes that are listed. If a new purpose arises for the use and/or disclosure of your personal information, we will seek your approval in advance.

You may withdraw your consent for use or disclosure of your personal information, and we will explain the ramifications of that decision, and the process.

I understand that to provide me with Chiropody goods and services, Simcoe Foot Clinic will collect some personal information about me. I agree to, Simcoe Foot Clinic, collecting, using and disclosing personal information about me as set out above and in the Simcoe Foot Clinic's Privacy Policy.

Signature: _____ Printed name: _____

Date: _____ Signature of Witness_____

Simcoe Foot Clinic

Date of Initial Visit_____

Patient Identification and Medical History

First Name	MI	Last Name	Birth Date mm / dd / yyyy	Sex □ M □F

Address
_____
_____
_____
Province Postal Code

Home Phone ( ) -
Work Phone ( ) -
Cell Phone ( ) -
Email:

□ Preferred Contact#
□
□
□

In Case of Emergency, Please Call:
Name:
Relationship:
Phone # ( ) -

Physician Name:_____
City of Clinic: Phone # ( ) -

How did you hear about our clinic?
□ Physician □ Flyer/Pamphlet □ Family/Friend. Who? _____
□Web Site □ Home Show □ Newspaper. Which? _____
□Welcome Wagon □ Location/Walk-by/Sign □ Phone Book. Which? _____
□ Pharmacy □Other Health Care Provider: _____
□ Other:

Employment Status
□ Not Working: Home/Retired/Disable/Student/Other:____
□ Working: At_____
Occupation_____
□ Full time □Part-time □ Occasional

%typical day:
Standing_____%
Walking_____%
Sitting_____%
Other_____%

Sport & Activities. List:
_____
_____
□ Summer □ Winter □ All the time
Times/Week_____ Min/Km:_____

Notes:

Physical Attributes
Height _____ Weight_____Shoe Size_____
Past 6 months any weight □ gain □ loss How much?_____
#___childbirths. Are you currently pregnant? □ Yes □ No

Footwear
What type of shoes worn most of the time?_____
What type of shoes worn leisure time?_____
What do you wear inside the house?_____
Shoes worn at work:
□Work boots □ Running shoes □ Slip-ons
□Flats □ Heels ___" □ Walking shoes
□ Sandals □ Laced □ Other:_____
Notes:

Social History

Cigarette/Tobacco Use: □ Yes □ No □ Previous Use
□ less than 1pack/day □ 1 pack/day □ more than 1 pack/day
Years Tobacco Use:_____

Medications /Drugs: □ None
Please list all current prescriptions and over the counter medications:
_____
_____
_____
_____
_____
_____
Do you take contraceptive/birth control medications? □ yes □ no
Do you take Aspirin, Coumadin, or other blood thinner? □ yes □ no

Notes:_____
_____

Allergies: □ No Known Allergies □ Yes:

Medical Allergies	Food/Environmental	Chemical
□Aspirin	□Gluten	□ Adhesives/tape
□Codeine	□Lactose	□Elastoplasts
□Demerol	□Seafood/shellfish	□Latex
□Ibuprofen/NSAIDs	□Pollen	□Metal/nickel
□Iodine	□Wheat	□Other_____
□Local Anesthetic	□Grass	
□Morphine	□Hay Fever	
□Penicillin	□Other_____	
□Steroids		
□Sulfa		
□Other_____		

Type of Reactions: _____

Health History

Do you have or have you ever been diagnosed with any of the following:
Please check all that apply.

□ **Diabetes:**
- □ Insulin dependant
- □ Non Insulin dependant
- □ Diet Controlled (borderline)
- □ Pregnancy/Gestational

Year Diagnosed:_____
Control Level: □ poor □ good □ great
Last HemoA1C test:_____

□ **Arthritis:** □ Osteo - year diagnosed:_____
□ Rheumatoid -year diagnosed:_____
□ Psoriatic -year diagnosed:_____
Joints Affected:_____
Artificial Joint:_____
Notes:_____
_____

□ **Heart Attack** year:_____
□ **Stroke** year:_____ side affected:_____
□ **Angina/Chest pain**: Nitroglycerine use: □ yes □ no Where do you carry it?_____

□ **Osteoporosis**	□ **Acid Reflux**	□ **High cholesterol**	□ **High/Low blood pressure**
□ **Fibromyalgia**	□ **Blood Clots**	□ **Congestive ♥ Failure**	□ **Mitro-valve prolapsed – valve replaced**
□ **Osteopenia**	□ **Bleeding Disorders**	□ **Pacemaker**	□ **Heart arrhythmia- irregular ♥ beat**
□ **Gout**	□ **Asthma**	□ **Polio**	□ **Congestive Obstructive Pulmonary Disease**
□ **HIV/AIDS**	□ **Emphysema**	□ **Multiple Sclerosis**	□ **Hormone Replacement Therapy**
□ **Hepatitis A/B/C**	□ **Silicosis/Asbestosis**	□ **Muscular Dystrophy**	□ **Stomach Ulcer**
□ **Anemia**	□ **Tuberculosis**	□ **Anxiety**	□ **Rheumatic/Scarlet Fever**
□ **Varicose veins**	□ **Bronchitis**	□ **Depression**	□ **Crohn's / Colitis**
□ **Kidney disease**	□ **Pneumonia**	□ **Claustrophobia**	□ **Diverticulitis**
□ **Liver disease**	□ **Difficulty breathing**	□ **Seizures - Epilepsy**	□ **Chronic Headaches / Migraines**
□ **Thyroid disease**	□ **Shortness of breath**	□ **Sleeping disorders**	□ **Vision Loss / Blindness**
□ **Psoriasis**	□ **Eczema**	□ **Rash/skin problem**	□ **Pregnancy**
□ **Cancer**			□ **Other:**_____

Notes:_____
_____
Please list all surgeries:_____
_____
_____
Please list all injuries / broken bones / fractures:_____
_____

Foot History & Information

List family members who have had:
Diabetes_____ Arthritis_____ Foot Problem_____

Have you ever had your feet examined before by a:
□ Family physician □ Chiropodist/Podiatrist □ Orthopeadic Surgeon □ Pedicurist □ Other:_____

Did you previously or do you now wear:
Over the counter insert? □ Yes □ No Still using them? □ Yes □ No Do or did they help? □ Yes □ No
Custom made orthotics? □ Yes □ No Still using them? □ Yes □ No Do or did they help? □ Yes □ No
The orthotics were obtained (year)_____ from (practitioner) _____

Do you or have you experience any of the following problems with your feet or lower legs:

□ cramps	□ numbness	□ tingling	□ itching	□ excessive sweating
□ strong odour	□ rash	□ corns/callous	□ warts	□ excessive dryness
□ leg/foot ulcer/wound	□ fungal nails	□ athlete's foot	□ ingrown nails	□ broken foot bones
□ broken ankle	□ ankle sprains	□ hammer toes	□ bunions	□ childhood foot problem
□ arch pain	□ neuroma	□ gait/walking problems	□ toe walking	□ in-toeing
□ heel pain	□ knee pain	□ lower back pain	□ hot/burning feeling	□ cold/clammy feeling
□ ball of foot pain	□ hip pain	□ swelling	□ amputation	□ other_____

What brings you to see us today? _____