

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 Chiroprapodists 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 / Treatment (L5)	\$90
Return Visit / Treatment (L4)	\$55 - \$70
Extended Visit / Treatment	\$10 - \$20
Emergency Visit	\$125
Plantar Warts / Veruccae Treatment (Cryo N02, etc)	\$50
Local Anesthetic Injection (plus additional cost of visit)	\$45
Cortisone Injection (plus additional cost of visit)	\$45
Orthotics	
Custom made orthotics case fee includes the biomechanical assessment, gait analysis, casting, one pair of orthotics, fitting, review and adjustments within 3 months	\$495
Orthotic Review / Repair Review and adjustment after 6 months from casting	\$50 - \$125
Shoe Padding / Alterations	\$40 - \$90
Surgery	
Nails:	
Partial Nail Avulsion	\$375
Total Nail Avulsion	\$425
Additional toes at the same time	\$100
Soft Tissue	\$250 - 500
Tendon	\$150 - \$450
Neuroma	\$350 - \$650
Cancellation / Tardiness / No Show Fee	Cost of missed visit

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

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 Chiroprapist in charge to perform treatment on myself as explained to me by the Chiroprapist.

Signature of Patient or Guardian

Date

Simcoe Foot Clinic

Patient Identification and Medical History

Date of Initial Visit _____

First Name

Last name

Birth Date

mm / dd yyyy

Sex

 M F

Address

Province

Postal Code

Home Phone _____

Work Phone _____

Cell Phone _____

Email _____

Emergency Contact

Name _____

Relationship _____

Phone _____

Physician Name _____

City _____ Phone _____

How did you hear about our clinic?

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Web Site | <input type="checkbox"/> Flyer / Pamphlet | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Home Show | <input type="checkbox"/> Family / Friend. Who? _____ |
| <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Location / Sign | <input type="checkbox"/> Newspaper. Which? _____ |
| <input type="checkbox"/> Other | <input type="checkbox"/> Billboard | <input type="checkbox"/> Other Health Care Provider. _____ |

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:

- | | |
|--|--|
| <input type="checkbox"/> Work boots | <input type="checkbox"/> Heels ___" |
| <input type="checkbox"/> Flats | <input type="checkbox"/> Slip-ons |
| <input type="checkbox"/> Sandals | <input type="checkbox"/> Walking shoes |
| <input type="checkbox"/> Running Shoes | <input type="checkbox"/> Other _____ |

Medications

Please list all current prescriptions and over the counter medications:

_____Do you take contraceptive / birth control? Yes NoDo you take Aspirin or blood thinners? Yes No

Notes

_____**Allergies**

Medical

-
- Aspirin
-
-
- Codeine
-
-
- Demerol
-
-
- Ibuprofen/NSAIDS
-
-
- Iodine
-
-
- Local Anesthetic
-
-
- Morphine
-
-
- Penicillin
-
-
- Steroids
-
-
- Sulfa
-
-
- Other _____

Chemical

-
- Adhesives/tape
-
-
- Elastoplasts
-
-
- Latex

Type of reaction _____

Health History

Do you have or have you ever been diagnosed with any of the following:

Diabetes

- Insulin Dependant
- Non Insulin Dependant
- Diet Controlled (borderline)
- Pregnancy/Gestational

Year Diagnosed: _____

Control Level: Poor Good Great

Last hemo A1C Test: _____

Heart Attack year: _____

Stroke year: _____ Side affected: _____

Angina / Chest Pain Nitroglycerine Yes No

Where do you carry it? _____

Arthritis

Osteo
Year diagnosed: _____

Rheumatoid
Year diagnosed: _____

Psoriatic
Year diagnosed: _____

Joints affected : _____

Artificial Joints _____

Notes: _____

Osteoporosis

Fibromyalgia

Osteopenia

Gout

HIV / AIDS

Hepatitis A / B / C

Anemia

Varicose Veins

Kidney Disease

Liver Disease

Thyroid Disease

Psoriasis

Cancer

Acid Reflux

Blood Clots

Bleeding Disorders

Asthma

Emphysema

Silicosis/Asbestosis

Tuberculosis

Pneumonia

Difficulty Breathing

Shortness of Breath

Eczema

Vision Loss / Blindness

Pregnancy

High Cholesterol

Congestive Heart Failure

Pacemaker

Polio

Multiple Sclerosis

Muscular Dystrophy

Anxiety

Depression

Claustrophobia

Seizures - Epilepsy

Rash/Skin problem

Crohn's / Colitis

High/Low Blood Pressure

Mitro-valve prolapsed / valve replaced

Congestive Obstructive Pulmonary Disorder

Hormone Replacement Therapy

Chronic Headache / Migraines

Rheumatic/Scarlet Fever

Stomach Ulcer

Heart Arrhythmia

Diverticulitis

Notes: _____

Please list all surgeries: _____

Please list all injuries / broken bones / fractures: _____

Foot History and Information

List family members who have had: Diabetes _____ Arthritis _____ Foot Problems _____

Have you ever had your feet examined by a:

- Family Physician Chiroprapist/Podiatrist Orthopedic Surgeon Pedicurist Other

Did you previously or do you now wear:

Over the counter insert? Yes No Still using them? Yes No Did they help? Yes No

Custom made orthotics? Yes No Still using them? Yes No Did they help? Yes No

The orthotics were obtained (year) _____ from (practitioner) _____

Do you or have you experienced any of the following problems with your feet or lower legs?

Strong odour

leg/foot ulcer

Broken ankle

Arch pain

Heel pain

Ball of foot pain

Numbness / Tingling

Rash

Fungal nails

Ankle sprains

Neuroma

Knee pain

Hip Pain

Corns/Callous

Athlete's foot

Hammer toes

Lower back pain

Swelling

Itching

Warts

Ingrown nails

Bunions

Toe Walking

Amputation

Excessive sweating

Excessive dryness

Broken foot bones

Childhood foot problem

In-toeing

Cold/Clammy Feeling

Gait/walking problems

What brings you to see us today? _____



Comprehensive. Professional. Caring.

Ian McLean
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Chiroprapist

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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

- | | |
|---|---|
| <ul style="list-style-type: none"> • 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 chiroprody 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 | <ul style="list-style-type: none"> • for teaching, research, demonstration purposes on an anonymous basis • to complete and submit chiroprody claims for third-party adjudication and payment • to comply with the legal and regulatory requirements of the College of Chiroprapist 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 chiroprody practice • if applicable to deliver your charts and records to the chiroprapist'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 chiroprodists, chiroprody 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. 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 Chiroprody 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 _____