family chiropractic centre
Michael W. Pernfuss, D.C.
Shikha Sareen, B.Sc., D.C.
Jerzy Sapieha, D. Ch
Scott D. Huehn, B.Sc., D.C., F.A.T.A
Greg Goodbrand, B.Sc., D.C.
Mark R. Phillips, R.M.T

Welcome To Our Clinic

Orthotic Questionnaire

Section One ***Tell Us About Yourself***

Name _____
Address _____
City _____
Postal Code _____
Home Phone _____
Work Phone _____
Occupation _____
Employer _____

Date of Birth m_____d _____ y _____
Height _____ft. _____in. Weight ____lbs.
Shoe Size_____ Sex ☐ male ☐ female
Email _____
Children _____ boys _____ girls
Family Doctor _____
Doctor's Phone _____

Section Two ***Tell Us About Your Health***

1) What is your chief health concern?

_____

2) When did you first notice the symptoms?

_____

3) Are there any other health concerns you have?

_____

4) Any falls, fractures or breaks?

_____

5) Please check if you have experienced any trouble and/or pain in the following areas

☐ low back
☐ knee
☐ arch(s)
☐ calluses
☐ numbness in feet
☐ hip
☐ ankle
☐ foot
☐ bunion(s)
☐ other _____
☐ leg
☐ heel
☐ diabetes
☐ numbness in legs

Section Three ***Tell Us About Your Health (continued)***

1) Describe the average daily activities/motions of your body (eg. 1hr driving, 8hrs sitting, 3 hrs misc.) _____
_____
_____

2) Have you ever consulted a chiropractor before today? □ No □ Yes If yes, please describe: When _____ Dr.'s Name _____ City _____

3) Have you ever consulted a Chiropodist or Podiatrist? □ No □ Yes If yes, please describe When _____ Dr.'s Name _____ City _____

4) Have you had orthotics previously? □ No□ Yes If yes, when? _____

5) How did you find out about our clinic?
_____

Section Four ***Tell Us About Your Health Insurance***

1) Are you entitled to benefits through any of the following:

□ Yes; Special Income/Ontario Works
□ Yes; Indian Affairs # _____
□ Yes; Veteran Affairs # _____

2) Do you have private health insurance through a medical/dental plan? □ No
(eg. Sun Life, Great West Life, Blue Cross, Manulife, Green Shield, etc.)

□ Yes; my own plan	□ Yes; my spouse's plan	□ Yes; my parent's plan
Company_____	Company_____	Company_____
Plan/Policy#_____	Plan/Policy#_____	Plan/Policy#_____
ID/Cer/Emp#_____	ID/Cer/Emp#_____	ID/Cer/Emp#_____
	Name _____	Name _____
	Date of Birth m ___d ___ y ____	Date of Birth m ___d ___ y ____

Signature _____ Date _____