

12. Do you have any of the following conditions? Please mark a check ✓ beside those that apply.

<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Infections	Other not listed: _____ _____ _____ _____
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Parkinson's	<input type="checkbox"/> Itchiness	
<input type="checkbox"/> Kidney Problems	<input type="checkbox"/> Depression	<input type="checkbox"/> Open Sores	
<input type="checkbox"/> Psoriasis	<input type="checkbox"/> Circulation Problems	<input type="checkbox"/> Ankle Pain	
<input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> Nails	<input type="checkbox"/> Knee Pain	
<input type="checkbox"/> Heart Problems	<input type="checkbox"/> Calluses	<input type="checkbox"/> Hip Pain	
<input type="checkbox"/> Gout	<input type="checkbox"/> Corns	<input type="checkbox"/> Back Pain	
<input type="checkbox"/> Liver Conditions	<input type="checkbox"/> Swelling	<input type="checkbox"/> Frequent Headache	
<input type="checkbox"/> Osteoporosis	<input type="checkbox"/> Toe Problems	<input type="checkbox"/> Tired Feet	
<input type="checkbox"/> Asthma	<input type="checkbox"/> Cold Feet	<input type="checkbox"/> Bunions	
<input type="checkbox"/> Stroke	<input type="checkbox"/> Cramping	<input type="checkbox"/> Fibromyalgia	

13. Please provide a list of any pharmacy medications or herbal products that you currently use:
***if you have a written list, we can photocopy and return it to you**

14. Do you have allergies to any medications or topical treatments (creams, or any products, etc.)?

15. Have you had any previous injuries to your feet or ankles? If yes, please describe: ----

16. I hereby give my permission to the Chiroprapist at Maczko Chiroprapy and Orthotic Centre to examine and develop a treatment plan for the care of my feet and related issues and symptoms. I also acknowledge that Chiroprapist fees are **NOT** covered by OHIP. First visits are \$90 as this is an assessment and a treatment and follow up appointments are \$60. A letter may be sent to my Physician regarding any visit(s) to Maczko Chiroprapy and Orthotic Centre. **All missed appointments will be subject to a fee of \$60.00 payable before you schedule your next appointment.** All information will be kept confidential and will not be released to any other person or third party without my written consent.

DATE

PATIENT SIGNATURE