



# ORTHOMED CLINIC AND SUPPLY

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## CHIROPODY CLIENT INFORMATION PACKAGE

Name: \_\_\_\_\_ Sex: M F

Address: \_\_\_\_\_

Tel. \_\_\_\_\_ DOB \_\_\_\_\_

Occupation: \_\_\_\_\_

Referred By: \_\_\_\_\_ Family Doctor: \_\_\_\_\_

Patient C/O : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Medical History

Diabetes: IDDM  NIDDM  \_\_\_\_\_

Arthritis: Osteoarthritis  Rheumatoid  \_\_\_\_\_

Cardiovascular: Hypertension  Hypotension  \_\_\_\_\_

Angina  Heart attack  \_\_\_\_\_

Stroke  Circulation  \_\_\_\_\_

Respiratory: Asthma  Allergy  \_\_\_\_\_

Kidney Disease  Liver Disease  Thyroid Disease  \_\_\_\_\_

Bleeding Disorders  Fractures  \_\_\_\_\_

Major Surgery: \_\_\_\_\_

### Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Allergies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

