Movement Chiropractic

7-3602 Taylor Street East
Saskatoon, SK S7H 5H9
Phone: 306-244-6121

ORTHOTIC CASE HISTORY

NAME:____DATE:____________________

ADDRESS:_________________________________CITY/TOWN:___________________________

PROV. ____ POSTAL CODE:____________ PHONE: _______________CELL:____________________

BIRTHDATE: DD/______ MM/______ YY/________AGE: ___________

EMAIL:____Email Appointment Reminders? ☐ Yes ☐ No

OCCUPATION:________________HOW DID YOU HEAR ABOUT OUR CLINIC ☐Google ☐Friend/Family ☐Website

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Height: __________ Weight:___________

Shoe Size: _________ Shoe Type: ___________________

Are your feet sore on a regular basis? Yes _____ No _____

Have you worn custom orthotics in the past? Yes _____ No_____

Do you spend a good portion of your day walking/standing? Yes_____ No_____

Does walking or running result in joint pain? Yes_____ No_____

Are you aware of any circulatory problems? Yes _____ No _____

Have you ever been diagnosed with diabetes? Yes_____ No _____

Do you have any visible foot problems (bunions, fallen arches, calluses, corns)?

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____

Please describe any foot, knee, or hip
injuries/surgeries:____

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The information contained on this form is true to the best of my knowledge.

Signed______________________________________ Date: _________________________

Notes and Diagnosis:
(for office use only)

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You have been prescribed medical devices for you called custom foot orthotics. Orthotics can be an integral part of patient care by health care providers for the management of pedal pathologies and musculoskeletal symptomatology, and to alleviate pain and discomfort from abnormal foot function. Abnormal foot function may affect a patient's kinetic chain, including legs, knees, hips and spine. Orthotics are designed based upon the degree of patient abnormal foot function, patient activity level, patient physical stature and the type of footwear in which the orthotics are worn. Custom orthotics are foot inserts placed inside footwear. Dr. Stephanie Will, Dr. Daniel Walker-Delisle or Dr. Michael McMenamin is going to assess your foot function in order to determine if you require foot orthotics and if you do, what type of orthotics will benefit you most. The next step is capturing your foot image and sending that image to a custom foot orthotics laboratory that will make a device specific to your foot. This process usually takes about 2-3 weeks. When the orthotics arrives to our office, Dr. Stephanie Will, Dr. Daniel Walker-Delisle, or Dr. Michael McMenamin will ensure the devices fit and function properly and will also explain the "break in" instructions.

Many patients experience pain reduction and increased comfort when wearing custom foot orthotics. A small percentage of patients experience discomfort and/or pain when breaking in their orthotics and an even smaller percentage of patients experience significant enough pain that they cannot wear their orthotics at all.

Consent:
I have read the information above and hereby request and consent to the performance of the assessment of my foot function and the prescription of custom orthotics by Dr. Stephanie Will, Dr. Daniel Walker-Delisle or Dr. Michael McMenamin I have had an opportunity to discuss with Dr. Stephanie Will, Dr. Daniel Walker-Delisle or Dr. Michael McMenamin the nature, purpose, benefits and risks of custom foot orthotics. I understand and am informed that, as in the practice of medicine, in the practice of chiropractic there are some risks to treatment with custom orthotics, including, but not limited to, foot pain, leg pain, back or neck pain. I do not expect Dr. Stephanie Will, Dr. Daniel Walker-Delisle or Dr. Michael McMenamin to anticipate and explain all risks and complication, and wish to rely on Dr. Stephanie Will, Dr. Daniel Walker-Delisle or Dr. Michael McMenamin's judgment during the course of the procedures which Dr. Stephanie Will, Dr. Daniel Walker-Delisle or Dr. Michael McMenamin feels at the time, based on the facts then known, are in my best interests.

I have or have had read to me the above consent. I have had the opportunity to ask question about its content and by signing below I agree to the above named procedures. I intend this consent form to cover the entire course of treatment for my present and for further condition(s) for which I seek foot orthotics treatment.

Dated: ___________________________

	X
________________________________	________________________________
Printed Name of Patient	Signature of Patient (Legal Guardian)
________________________________	________________________________
Printed Name of Witness	Signature of Witness