



**Hartley Miltchin DPM
Podiatrist**

4430 Bathurst St., Suite 503
TOEronto, Ontario
M3H 3S3
(416) 635-8637
ACCENTONFEET.com

**FOR PATIENT PROTECTION, ALL
INSTRUMENTS ARE COMPLETELY
STERILIZED BEFORE EACH TREATMENT
ACCORDING TO REGULATIONS.**

We are pleased you have confided in us for your foot care. The staff wishes to welcome you to our office. We take pride in our professional capabilities and will attempt to accommodate you in every way possible. We accept new patients without a doctor's referral. Adult foot problems begin in childhood. Please have your children's, grandchildren's feet examined!

Please answer the following questions **fully** to help us become better acquainted. If you need assistance please do not hesitate to ask the receptionist.

Name _____ Date _____

Parent or Guardian's name if patient is under 18 _____

Address _____ Apt. # _____

City / Town _____ Postal Code _____ - _____

Phone Number (Home) (____) _____ Phone Number (Work) (____) _____

Phone Number (Cell) (____) _____ E-Mail _____

Health Card Number _____ Version Code _____

Date of Birth Month - Day - Year

Shoe Size _____ Weight _____ Age _____

Occupation _____ Employer _____

Are you or your spouse covered under any additional medical insurance that covers prescriptions, eyeglasses or dental eg: Great West Life, Blue Cross, Manulife, etc. Yes No

Insurance Company - _____

How did you hear about our office, or person who referred you? _____

Are you allergic to medications or materials? Yes No

If yes specify: _____

Are you diabetic? No Yes If yes... Pills Insulin Injections

CONTINUED ON OTHER SIDE... CONTINUED ON OTHER SIDE... CONTINUED ON OTHER SIDE...

FEMALES

Are you pregnant? Yes No Maybe

If yes or maybe please inform the receptionist!

Do you wear high heels? Occasionally For Work Daily Never

At present, do you take any medications regularly, including birth control?

Yes No Please list _____

Have you been tested HIV POSITIVE? Yes No Have not been tested

Do you have any diseases or medical conditions? Yes No

What are they? _____

Are you subject to prolonged bleeding? Yes No

Are you taking blood thinners? Yes No

Do you have problems healing? Yes No

Are you prone to infection? Yes No

Have you been treated or had surgery for any serious medical problems ie: Heart, Kidney, etc?

(Please list) _____

Have you ever fainted in a doctor's office? Yes No

Or when giving blood? Yes No

Name of family doctor _____ Last visit _____

Address or Street _____ Phone _____

Name of former podiatrist _____

Have you ever worn orthotics (shoe inserts)? Yes No

What is your foot problem? _____

Hartley Miltchin is a D.P.M. (Doctor of Podiatric Medicine) as opposed to an M.D. (Medical Doctor) consequently there is a fee for examination, x-rays (if necessary) and/ or treatment. You are responsible for fees the day of your visit!

Date _____ Signature _____

Occasionally, we must change or confirm a future appointment. Who can we call if we cannot reach you?

(neighbor, relative, friend, etc.) Phone Number (_____) _____

Name _____ Relationship _____