



**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

Weight \_\_\_\_\_ Age \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Are you or your spouse covered under any additional medical insurance that cover 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 \_\_\_\_\_

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 \_\_\_\_\_

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 \_\_\_\_\_