

MEDICAL HISTORY (Cont'd)

Have you tested HIV positive: Yes No Have never been tested

Have you ever received general anesthesia?

Have you ever received local anesthesia?

Have you ever had a sprained ankle or a foot or leg fracture? Yes Provide details: _____

Do you presently take any prescription medications? Yes

Please list here or provide a separate typed list: _____

Do you take any natural remedies or supplements? _____

Do you suffer from any serious allergies (antibiotics, latex, creams, anesthetics)? Please specify or provide a separate typed list:

How did you hear about the Ottawa Foot Clinic: _____

I have reviewed the information in this questionnaire and it is accurate to the best of my knowledge. I understand that this information will be used by the chiropodist to help determine appropriate assessment and treatment options. If there is any change in my medical status, I will inform the chiropodist. I acknowledge that fees for services are not covered by OHIP and are payable at each appointment. I further understand that 24 hours' notice is required to reschedule or cancel appointments, and that missed appointments or short notice cancellations may result in a \$50 administrative charge.

Signature: _____

Patient / Parent / Guardian

Date: _____ / _____ / _____

D M Y

Ottawa Foot Clinic

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