Uptown
Foot Care Clinic

4789 Yonge Street, Unit 413 (4th Floor)
Toronto, Ontario M2N 0G3
Tel: 416-221-1206
Email: info@uptownfootcareclinic.com

First Name	Last Name

General Information

Gender: ◯ Male ◯ Female	Date of Birth (MM/DD/YYYY)	
Street Address		
City	Province	Postal Code
Home Phone	Mobile Phone	Work Phone
Email Address (for appointment reminders only)		
How did you hear about Uptown Foot Care Clinic? ◯Google ◯Yelp ◯Opencare ◯YellowPages ◯ Other (please specify):		

Emergency Contact

Name	Relationship
Primary Phone	Alternate Phone

Other Information

Shoe Size	Weight	Height
Occupation		
Family Doctor	Doctor's Phone	
Doctor's Address		

Please turn over to complete the reverse side.

Chiropody Assessment Form

Current Issue (please select all that apply)

☐ Athlete's Foot	☐ Fungal Infection	☐ Painful Feet
☐ Callus / Corn	☐ Hard to Cut Nails	☐ Warts
☐ Diabetic Foot Care	☐ Ingrown Nail	☐ Foot Injury
☐ Other (Please describe)		

Medical History (please select all that apply)

☐ Good General Health	☐ Diabetes, Number of Years:
☐ Hypertension (High Blood Pressure)	☐ Osteoarthritis
☐ Heart Attack	☐ Rheumatoid Arthritis
☐ Other Heart Diseases	☐ Osteoporosis
☐ Respiratory Problems	☐ Neuromuscular Disorder
☐ Kidney Problems	☐ Back Problems
☐ Liver Problems	☐ Skin Condition:
☐ Thyroid Problems	☐ Blood Disorder
☐ Polio / Post Polio	☐ HIV
☐ Tuberculosis	
☐ Other Communicable Diseases:	
☐ Surgeries (Please List All):	
☐ Fractures (Please List All):	
☐ Other:	

Current Medications:	All Allergies:

This is to certify that I, the undersigned, have correctly and accurately completed the above form to the best of my knowledge. I also consent to the performing of the chiropody procedures agreed by myself and the attending chiropodist to be necessary and advisable. I am fully aware that there is a fee for this chiropody service and I am responsible for any costs incurred.

Signature	Date