



CHIROMAX OF MANOTICK

Dr. Salima Ismail B.Sc., B.S.S., D.C Dr. Victoria Clarke, B.Sc., D.C

Date: _____ **Name:** _____

Address: _____

City: _____

Postal Code: _____

Home Phone: _____ **Business Phone:** _____

Were you referred to our office? Yes No

If yes, whom may we thank? _____

Date of Birth: _____ **M F**

Family Physician: _____

Chief Complaint:

Shoe size: _____ **Weight (lbs)** _____

Do you have foot pain right now? Yes / No

If yes, please explain:

Do you have: calluses hammer toes corns other:

Have you had foot surgery? Yes / No

If yes, please describe:

Are you interested in purchasing orthotics? Yes / No

What type of shoes are the orthotics for?

Dress shoes Work boots Running Shoes Sandals Skates

Ski Boots High Heels Dance Shoes Cleats

Would you like a gait analysis to be copied to your M.D.? Yes / No

Doctor's Notes: