

March 2019

## ORTHOTICS - INTAKE FORM



Full Name: \_\_\_\_\_ M / F AHC #: \_\_\_\_\_

Date of Birth (M/D/Y): \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

If under 18, Name of Parents: \_\_\_\_\_

Do you consent to emails regarding appointment reminders and clinic/health information? \_\_\_ Yes \_\_\_ No

Email: \_\_\_\_\_ Initials: \_\_\_\_\_

How were you referred to Beacon Hill Chiropractic & Massage?

Online  Website  Walk by  Lives in area  Current patient: \_\_\_\_\_  Other: \_\_\_\_\_

\_\_\_\_\_ I understand that it is my responsibility to look into the requirements for claiming orthotics under my  
Initials insurance company. This includes orthotic prescription referrals and financial coverage information.

Who is your insurance company? What do they require for reimbursement?

\_\_\_\_\_

### Patient History

Shoe size: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Are your feet sore on a regular basis?  Yes  No

How often? Please explain: \_\_\_\_\_

Do you have heel pain or pain on the bottom of your foot?  Yes  No

How often? Please explain: \_\_\_\_\_

How many hours in the day are you standing or walking? \_\_\_\_\_

Does walking/running result in joint pain?  Yes  No ( Ankle / Knee / Hip / Back )

If so, please explain: \_\_\_\_\_

Do you have visible foot problems?  Yes  No ( Bunions / Fallen arches / Calluses / Corns )

If so, please explain: \_\_\_\_\_

Do you have a family history of foot problems?  Yes  No

If so, please explain: \_\_\_\_\_

Have you had orthotics in the past?  Yes  No If so, were they helpful?  Yes  No

Please explain: \_\_\_\_\_

What do you hope to achieve with your new orthotics?

Please explain: \_\_\_\_\_