Jan 2023

ORTHOTICS - INTAKE FORM

Full Name: ___________________________ *M / F / Other* **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: ______________________________________