



CENTER FOR HEALTHY LIVING

Suite 6105, 873 85 Street
Calgary AB T3H 4C8

Ph: 403-769-0093
Fax: 403-769-6159

ORTHOTICS – Health History Form

Last Name:		First Name:			
Address:					
City/Prov:		Postal Code:			
Email:		Gender: M/F/Other	Weight:	Shoe Size:	
Home Ph:		Work Ph:		Cell:	
Occupation:			Activity Level:		
DOB: (mm/dd/yy)			Family Medical Doctor:		
Name of Insurance Provider:					

Who may we thank for referring you to our clinic? _____

If Under 18 years of age, Name of Parent or Guardian: _____

Your chief complaint or symptoms you may have: _____

Please Note: Orthotic devices help with a variety of ailments, however, we cannot guarantee the success in any particular case. Center for Healthy Living agrees to provide the orthotics requested by the customer in accordance with the specifications provided by the laser scan examination of your feet. Center for Healthy Living will not be liable for any damages done to the orthotic or loss of orthotics upon dispensing of the orthotic. Follow-up appointments and recommended orthotic protocols are crucial for the success of your orthotic purchase. Most extended group benefit plans do provide coverage for orthotics as long as they are prescribed by a Medical Physician, Podiatrist, and some benefit packages allow Chiropractors. Please ensure coverage by checking your group benefits and instructions. You may also be able to claim your orthotics as a health expense on your taxes. Please consult your Accountant regarding this.

By providing your email, you consent to receiving appointment reminders, receipts and other communication from Center for Healthy Living.

The cost for an orthotic consultation is \$75.00, which includes examination and treatment recommendations for your feet/ankle challenges. Should you proceed with the purchase of the orthotics, the initial consult fee is excluded. The cost for custom laser orthotics is \$490, which includes the initial scan, fitting and one follow-up visit (if needed) within 1 month of fitting date. Any further follow-up appointments will be charged a fee of \$65.00.

Client Signature: _____ **Date:** _____