KITSILANO Foot & Ankle Clinic

Dr. Sarah Urton, DPM
Dr. William Urton, DPM
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[I] General patient details: (p l e a s e p r i n t)

1. Legal Name (On Care Card) _____
2. Preferred Name: _____Sex: _____ Age: _____
3. Personal Health Number: _____ Weight: _____
4. Birthdate: Month/Day/Year
5. Residential Address: _____
   City: _____ Province: _____Postal Code: _____
6. Shoe Size: (L) _____; (R) _____
7. Cell #: _____ Home phone #: _____
8. Email address: _____
9. Family Doctor (Name and contact): _____
   _____
10. Occupation: _____

[II] Appointment Details:

1. What is the primary problem for which you seek treatment today (i.e. reason for visit) _____
2. Any other problems, which can need attention next visits? _____
   _____

[III] Past Medical History:

1. Do you have prolonged bleeding after cut?_____
2. Do you smoke? _____ If yes, how often?_____
3. Do you consume alcohol? _____ If yes, how often? _____
4. Do you have diabetes? _____If yes, how long ago were you first diagnosed?
   _____
5. Please list any medication, prescriptions or otherwise that you are currently taking:_____
6. Drug allergies and reactions (eg. Anaesthetics, penicillin or other medications)? _____

7. Have you ever trouble with:

☐ Heart ☐ Asthma ☐ Liver Sleep Apnea
☐ Eyes ☐ Rheumatic fever ☐ Stomach
☐ Arthritis ☐ Kidneys ☐ Epilepsy
☐ Do you use CPAP machine

8. Any past operations: _____

9. Have you ever been diagnosed with HIV or Hepatitis B, C, D_____

- I acknowledge the above information is correct. I understand that this information is confidential and will be used for no other purpose than for the patient's medical record. I hereby give permission for the exam, assessment and treatment of my foot conditions by the podiatrist, Dr Sarah Urton.

- I understand the in the practise of Podiatry, as in all healthcare, there may be some slight risks of treatment. I wish to rely on the podiatrist to exercise judgement during the course exams and treatment that based on the facts known at the time, is in my best interests.

- I have read the above consent and have had the opportunity to ask questions about its content. I intend this consent form to cover the entire course of treatment for my present condition and any future conditions for which I seek treatment.

Name: _____
Signature: _____