health Walks Inc.
Walk In...Dance Out

Intake Form Nursing and Podiatry

Date: _____

Name: _____ Date Of Birth: D_____M_____Y_____

Phone# (H) _____ (W) _____ (C) _____

E-Mail: _____

BOX#_____ Street Address: _____

Town:_____Postal Code: _____Height _____ Weight_____

1. Have you had podiatry treatment or foot care nursing before? Y N If yes, name of provider_____
2. Do you have diabetes? Y N If yes, since when_____Controlled By_____
3. Do you have any allergies: _____
4. Family Doctor: _____

   Note: A medical letter will be sent to your Doctor(s) unless otherwise discussed with the Therapist.

5. *CHIEF Complaint or Concern:* _____
   Has your *CHIEF Complaint* affected your activity level? • Y • N

6. Where is the pain? *Circle all that apply*: feet ankles knees hips back neck nails callus toes

_____

_____

Please list any medications you take and any medical conditions:

MEDICATION	MEDICAL CONDITIONS

Head Office
452 East River Road
New Glasgow, NS B2H 3R2
Telephone: 902-755-9675

www.healthwalks.ca

Truro Clinic
533 Prince Street
Truro, NS, B2N 1E8
Telephone: 902-893-9675

Consent Form

Please initial below to indicate that you have read and understand the following:

_____ MSI does not cover any of these services. Therefore, I am responsible to pay HealthWalks in full on the day of my service and to submit my receipt and paperwork to my private insurance company for reimbursement following my appointment.

____ I give consent to podiatry and nursing investigation and any ongoing treatment that is recommended.

____ It is important that I disclose any and all medications and supplements I am currently taking as well as a thorough medical history.

____ The fee structure as outlined on the appointment confirmation email.

I have read the above and consent to accepting responsibility to pay for my treatment and to have intervention. Although complications are rare and risks are small, I understand that, depending on the purpose for my appointment, this may include the following:

1.For a skin and nail care appointment which could include hard skin, callus and corn removal; toenail cutting and treatment; circulation and sensory testing; ingrown toenail care; and/or reducing tick, dry skin and nails using a Rotary Tool, risk include infection, redness, and discomfort during the treatment.

2. I also understand that treatment may not be a cure for all of my issues as well as the fact that some of the above risks are more likely if I smoke, am overweight, am diabetic, suffer from high blood pressure or have heart disease.

3. I understand that completion of my assigned home care is my responsibility and is a substantial factor in the success of my treatment.

4. This consent applies to all future visits I book and attend.

Signature: _____Date: _____

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