



Kiran Dave. D.Ch.

Chiropodist / Foot Specialist

The Education and Treatment Of Foot and Foot Related Functions

Date: _____

Patient Name: _____ Date of Birth _____

Address _____

City/Town _____ Province _____

Postal Code _____

Home Phone No. _____ Business No. _____

Extended Health Insurance Information _____

Referred By _____ Examined By: _____

Family Doctor _____

Family Doctor Address _____

Family Doctor Phone: _____

Your e-mail address _____

Do you have any of the following?

Comments

Eye, Ear, Nose or Throat problems Yes/No

Respiratory Problems Yes/No

Heart Problems Yes/No

Diabetes in the family Yes/No

Kidney/Liver problems Yes/No

Infectious diseases Yes/No

Circulatory diseases Yes/No

Bleeding diseases Yes/No

Arthritis, osteoporosis, back, knee or leg pains Yes/No

Skin diseases Yes/No

Nerve disease Yes/No

Over →

ERIN MILLS OPTIMUM HEALTH

3105 Glen Erin Drive Suite 5, Mississauga, Ontario, L5L-1J3

Tel: (905) 828-2014

Fax: (905) 828-8822



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Any other diseases	Yes/No
Do you take medication	Yes/No
Do you have allergies	Yes/No
Have you had any operations	Yes/No
Have you broken any bones	Yes/No
Any other information I should be aware of?	_____

What is your chief complaint _____

We will gladly assist you in understanding your insurance coverage, but you agree that you are responsible for your account.

I agree to Erin Mills Optimum Health collecting and using personal information about me as set out in their Privacy Policy, which I have an opportunity to review at any time.

Please note that a cancellation service charge will apply if less than 24 hours notice has been given.

I have read the above and consent to care at Erin Mills Optimum Health.

Date

Patient Name

Patient Signature

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