Magna Health Centre
Karim Ravji, DMP Chiropody
375 Magna Drive
Aurora, ON L4G 7L6
Tel: 905-726-7470
Email: info@magnahealth.ca

Chiropody Services are NOT covered by OHIP

PATIENT INTAKE QUESTIONNAIRE

Name:_____
First Last

Date of Birth:_____ Gender:_____
DD/MMM/YYYY

_____
Height Weight Shoe Size

Address: _____
Street Apt/Unit

_____
City Province Postal Code

_____
If the patient is a child, please provide parent names

Contact:_____
Cell Home Email

What is your occupation:_____

Are you an employee with Magna International: Y N

Family Doctor:_____
Name Telephone Number

Do you have any of the following medical conditions? Use **C** for current and **P** for past:

	Diabetes (IDDM/NIDDM)		Flat feet		Corns, Callouses
	Osteoarthritis		Thyroid problems		Varicose Veins
	Back pain		Heart condition		Bunions
	Hypertension		Ankle/leg swelling		Shin splints
	Asthma/COPD		High instep		Foot pain

Please list any current or past injuries:_____

_____

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Please list any previous or upcoming surgeries: _____

_____

Current Medications: _____

_____

Have you previously worn custom orthotics? Y N How long ago: _____

Please list any allergies: _____

What sports and leisure activities do you participate in? _____

_____

What is the reason for your visit today? _____

_____

This is to certify that all information is accurate and complete. I authorize Karim Ravji to perform treatment on myself (or child) after the assessment has been completed and the recommendations have been explained to me.

_____ _____

Signature of Patient or Guardian Date