



PATIENT INTAKE FORM

Assessment Date: _____

First Name: _____ Last Name: _____

Gender: Female Male Other Date of Birth: (D/M/Y): _____

Street: _____ Apartment/Unit #: _____

City/Town: _____ Province/State: _____

Country: _____ Postal Code: _____

Phone (H): _____ Email: _____

Phone (M): _____

Phone (W): _____

Preferred Contact Method: Email Phone

Contact #: Home Cell Work

Contact Time: Day Evening

Occupation/Type of Work: _____

of Weight Bearing Hours: _____ Shoe Size: _____

Employer: _____

Insurance: _____

Guardian: _____

Referring Doctor: _____

Family Doctor: _____

How did you hear about us? _____

- Facebook BioPed Website Google Search Road Sign
- Store Front Family Physician Friend Referral Family Referral
- Previous BioPed Client



PATIENT PRIVACY & CONSENT TO ASSESSMENT

Your Privacy

As your privacy is an important part of our clinic protocol, our staff are aware and trained in the appropriate uses and protection of your information in order to ensure confidentiality.

Our clinic collects, uses and discloses personal information for the purpose of providing treatment and services to our patients. BioPed has a corporate commitment, and our BioPed Clinicians (which includes our Podiatrists, Chiropractors, Foot Care Nurses and Physiotherapists) and clinic staff have a professional obligation, to keep all personal information in our possession, confidential and secure.

Information that we may collect includes your name, address, email address, phone number, gender, birth date, height, weight, medical conditions and history, allergies, health insurance and benefit claim information.

We will use and disclose this information only for the following purposes:

- To ensure the accuracy of information on file and to be able to contact you
- To comply with professional, legal and regulatory requirements or as otherwise required by law
- To provide health plan insurers information in order to process your claims and benefits
- To confer with your health care provider or inform them about your treatment plan
- To inform you and offer you additional services offered by BioPed which may be beneficial to you

BioPed will never disclose patient information, except in those circumstances listed above.

If you do not wish us to use and disclose this information for the purposes described above, please advise your Clinician who will make a notation in your file. If this decision on your part limits the Clinician from providing you with appropriate treatment, you will be advised accordingly.

Patient Consent

I have read and understand the contents of this form. I consent to the BioPed Clinician performing an assessment. I further understand that the BioPed Clinician will review treatment recommendations and options with me following the assessment and during future appointments at BioPed Footcare.

By signing this consent form, you have agreed that you have given your informed consent to the collection, use and disclosure of information for the purposes identified in this form.

Email Consent

I provide consent to receive BioPed Electronic Communications, including emails and text messages, for appointment reminders, offers and promotions, newsletters and company updates. I understand that I can withdraw this consent at any time.

Patient Signature:
(or Legal Guardian)

Date:

Patient Name (Please Print):
(or Legal Guardian)
