

Appointment Date (MM/DD/YYYY)

First Name	Last Name	Primary Phone Number
Pronoun of Preference	Date of Birth (MM/DD/YYYY)	Is this a mobile number? Yes          No
Unit / Apt #	Address	Email
City/Town	Postal Code	Email Preferences I consent to receiving BioPed marketing emails. I do not consent to receiving BioPed marketing emails.
Province	Country Canada	Preferred Contact Method Phone Call Text Message Email
Insurance Provider	Insurance Plan	Mobile Number (if not added above):
Insurance Policy Number	Employer	
Referring Professional	Family Physician	
Shoe Size	Number of hours on your feet each day	

## What is the reason for your visit?

In detail, please describe the area of concern, duration of symptoms, and aggravating factors:

Please indicate the degree of pain you are experiencing, on a scale of 0 to 10 (0 = no pain / 10 = worst pain)

## How did you hear about us?

Google	Facebook	Website	Radio
Road Sign	Clinic Storefront	Hospital Marketing	Physician/NP
I'm a previous BioPed Client	Family/Friend Referral (name):		
Other (please specify):			

# 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, Footcare 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, 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 of 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 our staff 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 are confirming that:

- All information in this form is correct to your best knowledge
- You give 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 emails, including offers and promotions, newsletters and company updates. I understand that I can withdraw this consent at any time.

Patient (or Legal Guardian) Signature:

Patient (or Legal Guardian) Name:

Date (MM/DD/YYYY):