EST 2019

SOLEUTIONS

CHIROPODY & ORTHOTICS

WELCOME!

Soleutions Chiropody & Orthotics fee schedule is in accordance with the Ontario Society of Chiropodists fee recommendations. These recommendations are based on the time and skill level required, costs, and risks associated with each service. Unfortunately, Chiropody services in Ontario are NOT covered by OHIP. Manual submission to private insurance by the patient is available and subject to each individual's plan.

Initial Visit	***$ 70.00 - 90.00***
** Rate is determined by the complexity of the initial complaint and treatment time needed for complete care*	
Consultation	***$ 40.00***
Includes: Education & Referrals if required	
Return Visit	***$ 50.00 - 65.00***
Includes: Nail Care, callus and corn reduction	
Level 1 – Basic foot care with no pathologies ***($ 50.00)***	
Level 2 – Basic foot care with mild pathologies ***($ 55.00)***	
Level 3 – Advanced foot care with mild to moderate pathologies ***($ 60.00)***	
Level 4 – Specialized foot care with severe pathologies ***($ 65.00)***	
Wound Care/Wart Treatment	***$ 50.00***
Includes: Debridement, medicament applications and dressings	
** Additional costs for offloading supplies and/or devices may apply*	
Emergency Visit	***$ 85.00***
Custom Foot Orthoses/Devices	***$ 500.00***
Includes: Biomechanical examination, casting, one pair of orthotics, orthotic fitting, orthotic dispensing and follow-up review, insurance documentation and prescription	
** Fee in addition to applicable visit fee*	
Local Anesthetic and Corticosteroid Injections	***$ 45.00***
** Fee in addition to applicable visit fee*	
Partial Nail Avulsion without Chemical Matrixectomy	***$ 300.00***
Partial Nail Avulsion with Chemical Matrixectomy (Phenol Application)	***$ 350.00***
Total Nail Avulsion without Chemical Matrixectomy	***$ 325.00***
Total Nail Avulsion with Chemical Matrixectomy (Phenol Application)	***$ 375.00***
Price Per Toe in Addition to Present Nail Avulsion	***$ 125.00***
Soft Tissue Surgical Procedures	***$ 150.00 - 500.00***
Includes: Tendon releases, wart excisions and wart needling	
Cancellation Fee	***$ 30.00***
** 24 hours notice is required to cancel an appointment without charge*	

I understand and agree to the above fee schedule and hereby authorize the Chiropodist to perform treatment on myself as required during the appointment following authorization. I understand that all fees are subject to increase on an annual basis and that payment is expected immediately following my appointment.

_____ _____

Patient / Guardian Date

SOLEUTIONS CHIROPODY & ORTHOTICS

NEW PATIENT CONSENT FORM

I, _____, hereby request and consent to Chiropody treatment. I give the Chiropodist permission to perform an evaluation of my medical history and the necessary physical examinations required to present a comprehensive treatment plan. The risks, benefits, and purpose of the treatment(s) will be explained before any treatment commences. I understand that I may withdraw consent and request to terminate or modify the treatment at any time. I understand that it is my responsibility to provide an accurate, up-to-date medical history upon request and agree to provide updates of any changes at each visit. Soleutions Chiropody & Orthotics is not obligated to provide treatment in every case, and it is understood that you may be referred to another clinic as deemed necessary or if the appropriate treatment plan falls outside of the practice guidelines of the Chiropodist.

I understand that Soleutions Chiropody & Orthotics will collect personal information for its clinical records and that all personal information will be kept confidential, complying with the legal and regulatory requirements of *The College of Chiropodists of Ontario*. I authorize the clinic and its associated health professionals to communicate with my family doctor and/or referring doctor as deemed necessary for my beneficial treatment.

I have read the above consent and had the opportunity to ask questions and have them answered to my satisfaction. By signing below, I agree to treatment by the Chiropodist and intend for this consent form to cover the entire course of treatments needed for my present and future foot conditions.

Patient / Guardian Signature _____ Date _____

Chiropodist _____ Date _____

SOLEUTIONS CHIROPODY & ORTHOTICS

NEW PATIENT INTAKE FORM

Date: _____ (dd/mm/yy)

Name: _____ Date of Birth: _____ (dd/mm/yy)

Sex/Gender: _____ Health Card #: _____

Height: _____ Weight: _____

Home Address: _____ City: _____ Postal Code: _____

Telephone (Home): _____ Telephone (Cell/Work): _____

Personal Email: _____

Family Doctor's Name: _____City: _____ Telephone: _____

Other Active Practitioners: _____

Emergency Contact Name: _____ Telephone: _____ Relationship: _____

Reason for Visit

_____

_____

_____

_____

Review of Systems

Have you ever experienced any of these conditions?	*Details*
☐ Diabetes Mellitus (Type 1 / Type 2)	
☐ Hyper / Hypo-tension	
☐ Stroke / Heart Disorder	
☐ Heart Disease / High Cholesterol	
☐ Clotting Disorders	
☐ Hyper / Hypo-thyroidism	
☐ Respiratory/Lung Disorders	
☐ Liver or Kidney Disease	
☐ Anxiety / Depression	
☐ Digestive Conditions	
☐ Neurological Disorder (MS, Cerebral Palsy, etc.)	
☐ Hearing or Vision Problems	
☐ Urinary or Gynecological Conditions	
☐ Arthritis, Gout or Osteoporosis	
☐ Past / Current Pregnancies	
☐ Musculoskeletal Injury (Fractures, Sprains, Dislocations, etc.)	
☐ Communicable Disease (HIV, Hepatitis)	
☐ Skin Disorders (Eczema, Psoriasis)	
☐ Other	

Are you taking any medications? (If yes, please list or provide a copy.)

Do you have any allergies? (If yes, please list.)

Allergy	Reaction(s)

Past Surgeries / Hospitalizations / Motor Vehicle Accidents (please state the year in which each event occurred):

_____

_____

_____

Family History:

☐ Diabetes _____ ☐ Hypertension _____ ☐ Arthritis _____

☐ Skin Disorders _____ ☐ Foot Issues _____

Social History:

☐ Tobacco Use _____ ☐ Alcohol Use _____ ☐ Recreational Drug Use _____

Employment Status: ☐ Working – Occupation _____ ☐ Retired ☐ Student ☐ Unemployed

Foot History (select all that you have experienced)**:**

☐ Nail Trauma	☐ Dry Skin	☐ Foot Pain	☐ High Arches
☐ Broken Bones	☐ Fungal Nails	☐ Toe Deformity	☐ Heel Spur
☐ Plantar Fasciitis	☐ Fungal Skin	☐ Bunion(s)	☐ Knee, Ankle or Back Pain
☐ Excessive Sweating	☐ Childhood Foot Problems	☐ Flat Feet	

☐ Other: _____

Have you ever had your feet examined by a medical professional? ☐ Yes: _____ ☐ No

Footwear (please select the type(s) of shoes worn most of the time):

☐ Work Boots ☐ Running Shoes ☐ Slip-On ☐ Flats ☐ Heels ____" ☐ Casual Shoes ☐ Sandals ☐ Other: _____

Do you wear any shoes in the house? ☐ Yes: _____ ☐ No

Insole & Orthotic Use:

Do you currently wear over the counter inserts or custom-made orthotics? ☐ Yes: _____ ☐ No

If you answered *yes* to having custom-made orthotics, what year were they made? _____

Have you ever worn over the counter inserts or custom-made orthotics? ☐ Yes: _____ ☐ No