

ORTHÈSES RIDEAU ORTHOSES
DR. JEAN-FRANÇOIS GAUTHIER B.Sc. (Kin), D.C., C Ped (C)
PEDORTHIST - PÉDORTHISTE
445 rue Cumberland St.
Ottawa, Ontario K1N 7J6
613-241-3434

Name: _____ Date: _____

Address: _____ Postal code: _____

Phone # (H): _____ (W) : _____ (Cell): _____

Date of birth: _____ Age: _____ Weight: _____ Shoe size: _____

Footwear worn most often (please circle):

Dress shoes Sandals Runners Workboots High heels Other

Chief Complaint: _____

Location of pain:

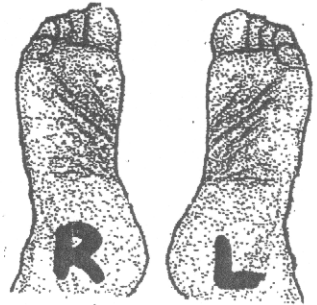
- heel pain or arch pain: _____

- lower back pain: _____

- knee pain: _____

- foot/ankle/toe pain: _____

- have you noticed any swelling (foot, ankle, knee): _____



Frequency of pain and specific location: _____

Your feet hurt when you: work _____ walk _____ run _____ stand _____

Insurance coverage (name of Insurance): _____

Physician name and address: _____

Referring Practitioner: _____

Office Fee Policy:

Most group insurance plans (SunLife, RCMP, GreatWest, Standard Life, ODSP, etc.) cover all or part of pedorthic services. A health practitioner (physician...) prescription is required to ensure coverage. Pedorthic services are paid for when services are rendered.

I am aware of the pedorthic fee structure and accept that all services are charged to my account and that I am responsible for payment.

Signature: _____ Date: _____