

CLIENT INFORMATION AND MEDICAL CONSENT FORM

For Elite Foot Care

Name: _____

Address: _____

City: _____ Province: _____ Postcode: _____

Email: _____ Cell Phone: _____

FOOT CARE HISTORY

Have you had any previous foot care treatments? Y/N Type: _____

Who has been caring for your feet up until this point? _____

What is your main concern(s) today? _____

MEDICAL HISTORY

Doctor: _____ Allergies: _____

Past surgeries: _____

Are you diabetic? Yes/No Type: Type 1/Type 2 Latest Blood Sugar: _____

Medication: Insulin Dependent/Oral Hypoglycemics/Diet Controlled

Name of medication: _____ Dosage: _____

Are you taking blood thinners? Yes/No Name and dosage: _____

I, _____ (client's name), allow Elite Foot Care to provide basic and advanced foot care on myself (the "Client"). I understand that this care will involve one or more of the following procedures:

Assessment of Medical History, lower legs, footwear and/or orthotics

Digital photographs of the client's feet

Handouts, information pamphlets, samples

Trimming/filing of toenails, reduction of corns, calluses

Removal of ingrown toenails

Foot Care health teaching

Application of moisturizer

Other: _____

Procedure risks include but are not limited to: skin tears, accidental clipping of skin (cuticle, hyponichium lateral or proximal nails folds), cracked nails, splitting nails, or infection. I give my informed consent to one or all of the above procedures by licensed or registered nurses that carry professional liability insurance, who uses best practices including the use of one-time use or sterilized instruments, practices within his/her scope of practice and will endeavor to use his/her best judgment to keep the Client safe.

Client signature: _____ Date: _____

POA (if applicable): _____