



PATIENT INFORMATION

_____	_____	_____	
Last Name	First Name	Preferred Name	
_____	_____	_____	
DOB DD/MM/YYYY	BC Care Card #	Email	
_____	_____	_____	_____
Cell Number	Home Phone	Shoe Size	Weight (lbs)
_____	_____	_____	_____
Street Address	City	Postal Code	

Emergency Contact Name / Relationship / Phone _____

INSURANCE COMPANY: _____

POL # _____ ID # _____

x

I authorize Dr. Kearn to submit claims on my behalf

MEDICAL INFORMATION

Family Doctor _____

- Select any of the following medical conditions you are currently being tested for:
- | | |
|---|---|
| <input type="checkbox"/> Heart / Stroke | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Diabetes: Type I / II | <input type="checkbox"/> Alzheimer's / Dementia |
| <input type="checkbox"/> Arthritis / Rheumatoid | <input type="checkbox"/> HIV / Hepatitis |

Other medical conditions: _____

Medical Allergies: Sulfa / Penicillen / Latex / Adhesives / Aspirin / NSAIDS Other: _____

Do you take blood thinner: YES / NO Describe: _____

Current Medications: _____

Main foot complaint: _____

History/surgery: _____

Payment Information: Visits to a Podiatrist are not included within the Provincial Healthcare coverage. **Patients are responsible for all payments when they visit our offices.** Direct Billing is available from many private insurance companies. Check with our staff, if you know you have coverage. Some patients may qualify for the Premium Assistance subsidy provided by the BC Government, at a rate of \$23 per appointment only, **10 times per year.** You are responsible for the balance. Our staff will be happy to assist you in determining your eligibility. If your claim is denied, you are responsible for reimbursing Valley Podiatry Inc. (VPI) any amounts outstanding. VPI does not handle WCB Claims.

x

_____ Patient Approval

_____ Date

DOCTOR'S NOTES

Diagnosis _____

Note to GP _____

_____ Date
