

L'Institut podiatrique du Québec

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New patient form

DEMOGRAPHICS

file #: _____

First name: _____ Family name: _____ Gender: M F

Date of birth: ____ / ____ / ____ Responsible if minor: _____ Relationship: _____
day month year

Address: _____ Apt.: ____ City: _____ Postal code: _____

Phone # home: (____) ____ - ____ Cell: (____) ____ - ____ Phone # work: (____) ____ - ____ ext.: _____

E-mail address: _____ Private insurance: Yes No Company: _____

Emergency contact: _____ Phone #: (____) ____ - ____ Relationship: _____

FIRST VISIT

Reason(s) of your visit: _____

If you have imaging reports or a medical referral, please give it to the secretary.

Since when? _____ What have you done to help your condition? _____

MULTIDISCIPLINARY

How did you hear about us? _____

Do you have a family doctor? Yes No If yes, it's Dr(e). _____ Phone #: (____) ____ - ____

Diabetic: Yes No If yes, who is your endocrinologist? Dr(e). _____

Other specialist: _____ Which pharmacy do you go to? _____
banner and location

Who is your physiotherapist, chiropractor, other? _____

Who cuts your nails? _____

GENERAL HEALTH

What do you do for a living? _____ What sport(s) do you practice? _____
sport(s) and frequency

Weight: _____ Height: _____ Shoe size: _____ Allergies and health problems: _____

Do you take medication? Yes No If yes, what are you taking? _____

If you have your medication list, please give it to the secretary.

Do you take natural products? Yes No If yes, what are you taking? _____

Are you a smoker? Yes No How many a day? _____ Alcohol consumption: _____

CLINIC POLICIES

- I the undersigned hereby authorize Quebec Podiatric Institute and all covering physicians to render treatment and/or therapy to myself that deems medically necessary in order to treat the condition and or conditions I have requested from them and their staff.
- **I understand that all podiatry fees are not covered by the RAMQ.**
- **I understand that podiatry fees are covered by my private insurance. It is your responsibility to verify your coverage.**
- I authorize the staff of Quebec Podiatric Institute to take pictures/videos of my feet for documentation and education purposes. Neither your name nor your face will appear in the pictures.
- Patients who carry health insurance should remember that professional services are rendered and charged to the patient and not the insurance companies. Your insurance is a personal contract between you and your insurance company.
- Payment is due in full on the date of service.
- We accept cash, check, Visa, Master Card, Discover, Diner's Club and American Express.
- Past due accounts are subject to collection proceedings. All fees including, but not limited to collection fees, attorney and court fees shall become your responsibility in addition to the balance due this office.
- **The consultation fee for a new patient is 105\$ (no taxable).**
- There is a service fee of \$25.00 for all returned checks.
- **There is a service fee of \$30.00 for missed appointments (24-hour notification is required for cancellations).**
- I authorize Quebec Podiatric Institute to send me newsletters; I can easily unsubscribe at any time.
- I authorize Quebec Podiatric Institute to leave me messages to the phone numbers I gave.
- I understand that medical advice will not be discussed with any other person other than the podiatrist or her assistant.
- I authorize Quebec Podiatric Institute to discuss my condition with my other health professionals.

Patient's signature

Date: ____ / ____ / ____
 day month year

We thank you for your trust!