

Patient Intake Form

Patient Information

Last Name: First Name:
Middle Name: Phone:
DOB (MM/DD/YYYY): PHN:
Address:
City: Postal:
Email:
Gender: Male Female Other
Occupation:
Height: Weight: Shoe Size:

Health and Contact Information

Primary Private Insurance Provider: None:
Name:
Policy/Group#. Member ID/Certificate#
Secondary Private Insurance Provider: None:
Name:
Policy/Group #. Member ID/Certificate #
Emergency Contact Name/Phone:

Family Doctor:

City:

Phone:

I prefer that the office contact me the following way to send reminders:

Email. Cel Phone. Home Phone

Who may we thank for referring you to our office?

What specific problem brings you to our office today?

How long ago did this problem start? days weeks months years

How did your pain or problem develop? All of a sudden Gradually develop over time

How would you describe your pain?

No pain Sharp Dull Aching Burning Radiating Itching Stabbing

Since the time your pain or problem began has it:

Stayed the same Become Worse Improved

What makes your pain or problem feel worse?

Walking Standing Daily Activities Resting

Dress Shoes High Heels Flat Shoes Closed toe shoes

What makes your pain or problem feel better?

What treatments have you had for this problem?

How has this problem affected your lifestyle or ability to work?

Was this problem caused by an injury? No

Yes - describe

Please indicate if you have / had any of the following:

Angina / Chest Pain

Anxiety

Artificial Heart Valve Date:

Artificial Joints Specify:

Arthritis Type:

Asthma

Back Problems

Do you have prolonged bleeding after a cut? Yes No

Are you taking blood thinners? Yes No

Have you ever had a clot in your leg or lungs? Yes No

If yes, where/when:

Cancer type:

Circulation Problems

Depression

Do you have diabetes: Yes No

If yes, what type? Type I Type II

Are you on: Oral Medication Insulin

Epilepsy

Fibromyalgia

Gout

Heart Disease Specify:

High Blood Pressure

High cholesterol

Kidney problems

Liver problems

Dr. Tammy Gracen | Dr. Daniel Halayko

943 W Broadway - #530, Vancouver, BC V5Z 4E1

Phone: (604) 734-7331 Fax: (604) 559-6623

Lupus

Migraines

Neuropathy

Osteoporosis

Pregnant (currently)

Psoriasis

Stomach Ulcers

Stoke Date:

Thyroid Problems

Allergies

Adhesive Tape

Aspirin

Iodine

Local Anaesthetics

Latex

Metal

NSAIDs

Penicillin

Shellfish

Sulfa

Other, please specify

Current Medications

Social

Do you exercise? Yes No

If yes, please describe:

Do you smoke? Regular Socially Never

Do you drink alcohol? Regular Socially Never

Any recreational drugs? Regular Socially Never

Have you ever been tested for HIV?

Yes: I'm positive Yes: I'm negative No

Have you ever had hepatitis?

HepA HepB HepC None

Fees for services

Most visits to a Podiatrist are not covered under the BC Medical Services Plan (MSP). Patients are responsible for all payments when they visit our office. Accepted methods of payment are: cash, interact/debit, Visa or Mastercard and are due at the time of service. Direct billing is available from some private insurance companies. Some patients may qualify for a subsidy provided by the BC government at a rate of \$23 per appointment with a limited number of visits per year. This is income dependent and determined by the government. We will bill you for the remaining balance only. Our staff will be happy to assist you with all billing inquiries.

Acknowledgement

Please read and acknowledge the following by signing below

1. My health insurance coverage under the BC Medical Services Plan is current. If for any reason my MSP coverage is not up to date, then I accept responsibility for payment for services rendered which are an MSP benefit. I understand that MSP does not cover all podiatry services. I understand that payment methods for services are: Cash, Interac/Direct Debit, Visa or Mastercard, and are due at the time services are rendered.

2. ASSIGNMENT OF MEDICAL SERVICES PLAN BENEFITS TO OPTED OUT PRACTITIONER I authorize the Medical Services Plan to pay Dr. Gracen directly for all reimbursements for benefits payable to me under the Medical and Health Care Services Regulation for care provided to me. I make this assignment in full knowledge of the amount that I will personally responsible for and the amount that is reimbursable by the Medical Services Plan, which will be directed to Dr. Gracen to be applied against any outstanding monies I owe for services provided.

3. This form allows the below-named practitioner to receive MSP reimbursements directly for services that are MSP benefits. Your practitioner, by law, must advise you of his full fee and what portion will be reimbursable by MSP.

Practitioner: Dr. Gracen MSP Practitioner Payment#: 60030

4. I understand that once I make an appointment, both time and space has been reserved for me. If I fail to give a minimum 48 hours notice to cancel or reschedule an appointment or if I don't show-up for a reserved appointment time, I understand that I will be charged a cancellation or no-show fee of \$75. This policy allows for mutual consideration for both

Dr. Tammy Gracen | Dr. Daniel Halayko

943 W Broadway - #530, Vancouver, BC V5Z 4E1

Phone: (604) 734-7331 Fax: (604) 559-6623

your time and mine. Aside from a written reminder slip, I understand that the office will make an attempt to remind me of my appointment time.

Signature

To the best of my knowledge, I have answered the questions on this form accurately. I understand that providing incorrect information can be dangerous to my health. I understand that it is my responsibility to inform the doctor and office staff of any changes in my medical status.

Print Name of Patient

Signature of Patient

Doctor's Signature

Date Signed

Consent*

I hereby give my permission for Dr. Gracen, or her staff designate, to, if needed, send my medical information to me via email. I understand that email is not secure, but I agree to this consent until further notice:

Signature

Consent for Virtual Care

Our clinic uses virtual care technology to communicate with patients, including video visits and audio calls. The information exchanged with these tools may be confidential and personal in nature. We are very careful on our end to keep the information confidential. Just like online shopping or email, virtual care has some inherent privacy and security risks that

Dr. Tammy Gracen | Dr. Daniel Halayko

943 W Broadway - #530, Vancouver, BC V5Z 4E1

Phone: (604) 734-7331 Fax: (604) 559-6623

your health information may be intercepted or unintentionally disclosed. We want to make sure you understand this before we proceed with providing virtual care.

In order to improve privacy and confidentiality, you should also take steps prior to participating in a virtual care encounter to ensure you are within a private setting. You should not use an employer's or someone else's computer/device as they may be able to access your information. If it is determined that you require a physical exam, you may still need to be assessed in person.

You should also understand that virtual care is not a substitute for attending the emergency department if urgent care is needed. If you would like more information, please discuss with our reception. The main advantage of virtual care is convenience. Also, by staying home, you remain protected from contagious illnesses like COVID-19.

I agree to participate in virtual care despite the inherent privacy risk:

Name of Patient*

Signature*

Date*