CUSTOM ORTHOTICS
OF LONDON INC.
C.B.C.P.O. Certified

Patient Name: ___________________________ Date of Birth: ______________ Gender: M / F
Parent/Guardian (if applicable): ______________________ Phone Number: _____________
Address: ____ City: _________________
Province: ____________ Postal Code: ____________ Email: ___________________________

Health Card #: ______________VC___ Physical/Occupational Therapist: __________________
Referring Physician________________________ Family Physician: ________________________

WCB #: ________________________ (Workers Compensation Board)
DVA#:_________________(Dept of Veterans Affairs) NIHB#:_________________ (First Nations & Inuit)

If you or your child (if child I the patient) receive a provincial subsidy (not CPP), check:
Ontario Works____ Assistance to Children with Severe Disabilities (ACS) _____
Ontario Disability Support Program (ODSP) _____

Marital Status: Single: _____ Married: _____ Divorced: _____ Widowed: _____
Education: High School: ____ College: ____ University: ____ Prefer not to Answer: ____
Employment: Full Time _____ Part Time _____ Retired _____ Vocation _____

Tobacco Use: Currently Uses ____ Used but Quit ___ Never ___ Prefer not to Answer ___
Falls in last 6 months: Yes / No If Yes how many: __________
Hospital, ER or Urgent Care visits in the last 6 months: Yes / No If Yes how many: __________

General Health: Poor _____ Fair _____ Good _____ Excellent _____
Patient Reported Activity: Low _____ Medium _____ Active _____ Highly Active _____
Allergies: ____
Medications: ____

How did you hear about our facility?
Dr. Referral___ Medical Practitioner ___ Website ___ Yellow Pages ___

**** Please note – Your extended health benefits plan is a contract between yourself and your insurance carrier. Insurers require that you (the subscriber) pay for services rendered and submit claim following reimbursement. Custom Orthotics of London does not bill extended health plans directly. It is your responsibility to confirm your eligibility with your insurer. ****

Please read the patient consent form carefully. The Healthcare Information Privacy Act Requires that we obtain signed consent regarding your personal information.