



Orthotic Intake Form

Date: _____

Personal History

Name: _____ Gender _____ Birth date: _____ (m/d/yr) Age: _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____ May we text this number? Y N

E Mail Address: _____

Work Phone: _____ Business/employer: _____

Type of work/Position: _____

Marital Status: Married Single Widowed Divorced Separated Other

Name of Spouse: _____ Names of children: _____

Name and number of Emergency contact: _____

Medical doctor's name: _____ Last visit: _____ Last physical date: _____

How did you hear about our office? Google YouTube FaceBook lecture/program/event _____

office website drive/walk by current patient _____ other _____

Have you had orthotics before? Y N If yes, did they help? Y N _____

How old are your current orthotics? _____

Current Health Conditions

Current Complaint(s): _____

Please describe how this happened: _____

When did this condition begin? _____ Has this condition occurred before? When? _____

Is this condition: job related auto-related home injury fall other _____

What aggravates your condition: sitting standing bending lifting lying down walking cold

other _____

What relieves your condition: ice heat bed rest massage medication _____ other _____

Is it getting: worse better constant comes/goes other _____

Character of pain: sharp dull ache pins/needles numb burning constant intermittent



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Orthotic Assessment Summary

Orthotic devices have been recommended for you by Dr. Lang. It is important that you understand what to expect from them and how they are going to help you.

In order for orthotics to work, you have to wear them. If you are on your feet for more than 15 minutes, you should be wearing your orthotics. Even in the house!

Prescriptions

Please make sure you are aware of your requirements from your extended health plan if you have one. As each plan is different, it is your responsibility and if one of the requirements is a prescription from a podiatrist, it is necessary to do this when the order is placed. Failure to do this will require a second casting at a fee of \$45.00 that is not reimbursable by your insurance company.

Footwear

Orthotics only support you as well as the shoes you wear. It is important when selecting shoes, that you wear shoes that you lace up tightly and are triple stitched on the inside arch. The wet rag test is a great way to decide if a pair of shoes has good support or not. If you can wring the shoe out like a wet rag, they are probably not very supportive. Just remember that poorer quality shoes should not be worn that often or for very long, as they are a compromise in your support. We realize that no one likes to wear the same pair of shoes all of the time. Some of you may not be able to fit your orthotics in dress shoes (pumps or cowboy boot). There are special orthotics designed for these applications. If you wear those types of shoes rarely then go without the support. Remember that you will probably feel the need to sit down more often and should not wear them for a long period of time.

Sandals

Sandals create a whole other set of problems, again because of the lack of side support. Of course there are many styles, some work better than others. We do not recommend using your orthotics in sandals. They can create an environment where you are unstable on your feet and can twist your ankle. Sandals should not be worn unless you are sitting on your deck relaxing or lounging around. If you plan on going for a long walk, put on your shoes and socks. There are custom made sandal orthotics, which give moderate support. They are still not as good as shoes that you tie. Numerous people in the office have purchased them as a great alternative, and love them. Some patients have had luck removing the shoe bed of an open heeled sandal they have purchased elsewhere and the orthotic fits right in. Be careful with open heeled sandals as the orthotic moves around too much. Remember, this is a compromise and buyers beware.

Guarantee

Our orthotics are guaranteed to correct your arch support and improve your knee tracking (keeping your knee over your foot during knee bend test). If your orthotics are made wrong they will be replaced free of charge. There is no guarantee that orthotics can or will solve your problem. The tests we perform do give us indicators but it is impossible to predict how someone is going to feel with their orthotics. Most people absolutely love them from day one, for others it can take three to four months to get used to them. Some of the more difficult cases may need extra therapy/help in order to adapt to this corrective device. If you are not sure please give us a call. It never hurts to have them re-checked.

Warrantee

We warrantee the plastic in the orthotics against defects for 2 years and the top cover for 6 months. If the top cover needs to be replaced after the 6 months, then it will be \$80.00. We recommend you replace your orthotics every 2 years. Therefore, in two years you will receive a letter from us letting you know that it is time for new ones. No matter how much you wear them, your orthotics do break down over time. When you receive your replacement orthotics, keep the old ones for an old pair of shoes that you don't wear that often. In four years throw the oldest pair out and keep rotating. That way you always have a new pair and a pair that is two years old.

Costs

There is an orthotic assessment fee of \$50. If you order orthotics this fee has already been incorporated in the fee of the orthotics. Your first pair of orthotics is \$500. If you order the second pair, the fee for both pairs is \$775. This however is based on the condition that both pairs are ordered at the same time. We require a \$100 deposit if you order one pair and a \$200 deposit if you order two pairs before we send out your order.

Each patient has the option to select any alternative facility, service or doctor and this will not affect the quality of the health care services provided by In Line Family Chiropractic.

Thank you once again for your trust and support in us and our services. If you have any questions or concerns, please do not hesitate to ask.

Yours in Health,

Dr. Glenn Lang & Staff

I understand that I have an option of using alternative facilities, services or supplier for my orthotics.

Dated this _____ day of _____, 20____.

Print name of patient

Patient Signature