

**Orthotic Form**

**Date:** \_\_\_\_\_  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_  
Gender M / F Birth date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
Shoe Type \_\_\_\_\_  
Foot Size \_\_\_\_\_ Weight \_\_\_\_\_  
Foot Width: Regular-Wide-Narrow (circle one)  
Activity Level-None-Low-Medium-High (circle one)

**Foot Complaints:**

**Arch Height – Low** \_\_\_\_\_ **High** \_\_\_\_\_  
**Achilles Tendonitis** \_\_\_\_\_  
**Bone Spurs** \_\_\_\_\_  
**Bunions** \_\_\_\_\_  
**Calluses** \_\_\_\_\_  
**Chondromalacia Patella** \_\_\_\_\_  
**Fallen Arches – Left** \_\_\_\_\_ **Right** \_\_\_\_\_  
**Flat Feet** \_\_\_\_\_  
**Hammer Toes** \_\_\_\_\_  
**Hip Pain** \_\_\_\_\_  
**Illiotalband Syndrome** \_\_\_\_\_  
**Low Back Pain** \_\_\_\_\_  
**Neuroma** \_\_\_\_\_  
**Numb Toes** \_\_\_\_\_  
**Plantar Fasciitis** \_\_\_\_\_  
**Shin Splints** \_\_\_\_\_  
**Shooting Foot Pains** \_\_\_\_\_  
**Sore Feet** \_\_\_\_\_  
**Arthritis** \_\_\_\_\_  
**Diabetes** \_\_\_\_\_

**Would you like just the orthotics? Yes No OR**

**Would you like orthotics shoes/runners/sandals/boots with removable orthotics insert? Yes No**

**Do other members of your family need orthotics? Yes No Please speak to Dr. Cranton**

**INSURANCE BENEFITS**

**Do you have insurance for “Custom Orthotics”? Yes No Company** \_\_\_\_\_

**If so, what is your dollar limit per year? (ie. \$500) \_\_\_\_\_ or number per year limit \_\_\_\_\_**

**Do you need a prescription? Yes No If yes, from an MD or a Chiropractor? Circle one.**

**Are there restrictions regarding dispensing-chiropodist, podiatrist, pedorthist, orthotist?**

**If you need any help with receipts to submit for insurance claims, please see our staff.**

**OFFICE USE ONLY**

**Date Ordered:** \_\_\_\_\_  
**Date Received:** \_\_\_\_\_  
**Date Picked up:** \_\_\_\_\_

**Chiropractor referral given: Date** \_\_\_\_\_  
**Ritz Stick Length** \_\_\_\_\_  
**Ritz Stick Width** \_\_\_\_\_

**Informed Consent to Foot Examination for Custom Orthotics**

**Doctors of chiropractic who perform foot examinations and fit custom orthotics are required to advise patients that there are or may be some risks and discomforts associated with such assessments and fittings. In particular you should note the following.**

**Potential Risks and Discomforts**

**The risks and discomforts associated with participation in a foot examination and fitting of new custom orthotics are no greater than those experienced in the usual process of purchasing and fitting a new pair of shoes.**

**Anticipated Benefits to Participant**

**Participation in a foot examination and fitting of custom orthotics are associated with the following benefits:**

- **Improved foot function**
- **Improved gait**
- **Decreased pain in feet / ankles / knees / hips/ low back**

**Alternatives to Custom Orthotics**

**Therapeutic alternatives to custom orthotics include arch supports and high quality footwear.**

**I acknowledge I have discussed, or have had the opportunity to discuss, with Dr. Cranton the nature and purpose of a foot examination in general and my treatment in particular (including custom orthotics) as well as the contents of this Consent.**

**I consent to the foot examination offered or recommended to me by Dr. Cranton, including fitting for custom orthotics. I intend this consent to apply to all my present and future foot care.**

**Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.**

\_\_\_\_\_  
**Patient Signature (Legal Guardian)**

\_\_\_\_\_  
**Witness of Signature**

**Name: \_\_\_\_\_**  
**(Please Print)**

**Name: \_\_\_\_\_**  
**(Please Print)**

# EXTENDED HEALTH BENEFITS

## CHECK-OFF LIST

Name \_\_\_\_\_ Date \_\_\_\_\_

**We have prepared this list for you to help you get ALL the information you need when you call for your work Extended Health Benefits. We have included questions for all of the services we offer in our office. Dr. Cranton is licensed as both a Chiropractor and a Naturopathic Doctor, performs acupuncture, and is certified to cast and order custom orthotics.**

**Do you have Extended Health Benefits through your work or school?** Yes No  
Does your spouse, mother or father have Extended Health Benefits though his/her work?  
 Yes  No (you are done with this form)

### INFORMATION TO RECORD BEFORE YOU CALL:

Your work Insurance Company - Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employee: \_\_\_\_\_  
Employee ID#: \_\_\_\_\_ Group policy #: \_\_\_\_\_

### INFORMATION TO GET WHEN YOU CALL:

Is there a deductible?  Yes - How much? \$ \_\_\_\_\_  No  
Is this a family plan?  Yes  No  
Is your limit:  per calendar year  per fiscal year \_\_\_\_\_ to \_\_\_\_\_  per 12 consecutive months

### DO YOU HAVE CHIROPRACTIC COVERAGE? Yes No

What is your limit per year? \$ \_\_\_\_\_  
What is your limit per visit? \$ \_\_\_\_\_  
Do you have x-ray coverage?  Yes  No - Is it included in your maximum?  Yes  No

### DO YOU HAVE NATUROPATHIC COVERAGE? Yes No

What is your limit per year? \$ \_\_\_\_\_  
Is there a maximum per visit? \$ \_\_\_\_\_  
Are there a maximum number of visits?  No  Yes \_\_\_\_\_  
Are supplements covered if prescribed by a Naturopath?  No  Yes - maximum \$ \_\_\_\_\_

### DO YOU HAVE ACUPUNCTURE COVERAGE? Yes No

What is your limit per year? \$ \_\_\_\_\_  
What is your limit per visit? \$ \_\_\_\_\_  
Are there a maximum number of visits?  No  Yes \_\_\_\_\_

### DO YOU HAVE PRIVATE LAB COVERAGE? Yes No

Are private labs covered? (E.g. hair analysis, blood or urine or allergy tests)  No  Yes - maximum \$ \_\_\_\_\_

### OTHER ITEMS TO CHECK ON:

Do they cover orthopedic cervical pillows?  Yes  No  
Do you have coverage for COMPRESSION HOSIERY OR STOCKINGS?  Yes  No  
What is your limit per year? \$ \_\_\_\_\_

Do you have CUSTOM ORTHOTICS coverage?  
What is your limit per year \$ \_\_\_\_\_  
How many pairs can you order? \_\_\_\_\_  
Do you need a referral  Chiropractor  M.D.  No  
Do you get one pair per year or every second year?