

Client Profile Form

PERSONAL INFORMATION

Name: Last _____ First _____

Age: _____ D.O.B.: _____ Gender: _____

Address: Street _____

City _____ Province _____ Postal Code _____

Phone number: Home _____ Cell _____

Email address: _____

Emergency contact: Name _____ Relationship _____

Phone Number (H) _____ (C) _____

MEDICAL HISTORY

Allergies: Medication _____

Other _____

Medication (List):

Mobility devices : walker _____ cane _____ wheelchair _____

Foot Aids: orthotics _____ braces _____ toe spacers _____ other _____

Currently being treated by Podiatrist/ Podorthist : Y _____ N _____

Does client have any of the following? Check all that apply.

NAIL CONDITION		LEFT FOOT		RIGHT FOOT	
Nail fungus	Y <input type="checkbox"/>	N <input type="checkbox"/>		Y <input type="checkbox"/>	N <input type="checkbox"/>
Hematoma	Y <input type="checkbox"/>	N <input type="checkbox"/>		Y <input type="checkbox"/>	N <input type="checkbox"/>
Melanoma	Y <input type="checkbox"/>	N <input type="checkbox"/>		Y <input type="checkbox"/>	N <input type="checkbox"/>
Onychatrophia – nail wasting	Y <input type="checkbox"/>	N <input type="checkbox"/>		Y <input type="checkbox"/>	N <input type="checkbox"/>
Paronychia – infection on the skin next to the nail	Y <input type="checkbox"/>	N <input type="checkbox"/>		Y <input type="checkbox"/>	N <input type="checkbox"/>
Onychauxis – thickening and over growth of nail	Y <input type="checkbox"/>	N <input type="checkbox"/>		Y <input type="checkbox"/>	N <input type="checkbox"/>
Onychogryphosis – ram’s horn	Y <input type="checkbox"/>	N <input type="checkbox"/>		Y <input type="checkbox"/>	N <input type="checkbox"/>
Peeling nails	Y <input type="checkbox"/>	N <input type="checkbox"/>		Y <input type="checkbox"/>	N <input type="checkbox"/>
Vertical ridges	Y <input type="checkbox"/>	N <input type="checkbox"/>		Y <input type="checkbox"/>	N <input type="checkbox"/>

FOOT CONDITION		LEFT FOOT		RIGHT FOOT	
Bromhidrosis – feet with odour	Y <input type="checkbox"/>	N <input type="checkbox"/>		Y <input type="checkbox"/>	N <input type="checkbox"/>
Psoriasis	Y <input type="checkbox"/>	N <input type="checkbox"/>		Y <input type="checkbox"/>	N <input type="checkbox"/>
Pseudomonas- bacterial infection	Y <input type="checkbox"/>	N <input type="checkbox"/>		Y <input type="checkbox"/>	N <input type="checkbox"/>
Callouses	Y <input type="checkbox"/>	N <input type="checkbox"/>		Y <input type="checkbox"/>	N <input type="checkbox"/>
Hallux valgus – bunions	Y <input type="checkbox"/>	N <input type="checkbox"/>		Y <input type="checkbox"/>	N <input type="checkbox"/>
Hammer toe	Y <input type="checkbox"/>	N <input type="checkbox"/>		Y <input type="checkbox"/>	N <input type="checkbox"/>
Corns – hard, soft, seed	Y <input type="checkbox"/>	N <input type="checkbox"/>		Y <input type="checkbox"/>	N <input type="checkbox"/>
Warts	Y <input type="checkbox"/>	N <input type="checkbox"/>		Y <input type="checkbox"/>	N <input type="checkbox"/>
Morton’s toe	Y <input type="checkbox"/>	N <input type="checkbox"/>		Y <input type="checkbox"/>	N <input type="checkbox"/>
Tinea pedus – athlete’s foot	Y <input type="checkbox"/>	N <input type="checkbox"/>		Y <input type="checkbox"/>	N <input type="checkbox"/>

Essential oil used on feet during care

tea tree _____ lavender _____

