Foot Care Consent and Intake Form

MEERAcare SERVICES

All sections of this form must be completed or marked "Not Applicable"

CLIENT INFORMATION

First Name _____ Last Name _____ Date of Birth _____ Sex □M □F

Facility Name _____ Room Number _____ Phone Number_____

Address _____

Emergency Contact _____	Doctor's Name _____
Relationship _____	Doctor's Phone Number _____
Phone Number _____	Doctor's Fax _____

MEDICAL HISTORY

Covid 19 Vaccination: □ Dose 1 □ Dose 2 □ Dose 3 □ Dose 4 Date of Last Dose: _____

Past Injuries: _____

Past Surgeries: _____

Allergies: _____

Medical Conditions:

□ Diabetes- Type _____
□ High Blood Pressure
□ Arthritis- Type _____
□ Lung Disease
□ Anticoagulation Therapy
□ Frostbite
□ Poor Circulation
□ Stroke
□ HIV
□ Cataracts
□ Other Eye Deficits
□ Cancer- _____
□ Alcohol consumption
□ Other _____

CLIENT FOOT CONCERN

Foot Concerns: _____

Conditions Preventing Self Care: □ Vision □ Musculoskeletal □ Others □ Knowledge □ Obesity

Foot Care Schedule: Service will occur every _____

CONSENT FOR OBTAINING, COLLECTING AND RELEASING PERSONAL INFORMATION

_____ I authorized Meeracare Services to request/release medical information regarding my diagnoses, treatment and prognosis from/to persons relevant to my care (physicians/health care provider/ funding sources/ etc.)

INFORMED CONSENT TO FOOT CARE TREATMENT

_____ I hereby request and consent to the performance of foot care treatment and other procedures. I further understand and I am informed that, as in all health care, in the practice of foot care there are some risks to treatment, including but not limited to pain, swelling, and infection. I do not expect the foot care nurse to be able to anticipate and explain all risks and complications and I wish to rely on the foot care nurse to exercise good judgement during the course of the procedure at the time, based on the facts known, and is in my best interest.

_____ I have read the above consent. By signing below, I agree to the procedures that the foot care nurse deems necessary in accordance with my condition. I intend this consent form to cover the entire course of treatment for my present condition and for any future conditions for which I may seek treatment. If at any time during the course of treatment, I wish to withdraw my consent, I may do so in writing.

INFORMED CONSENT TO FOOT CARE TREATMENT cont.

_____ I consented to an Annual Footcare Re-assessment. I understand that re-assessment is essential in preventing potential complications and ensuring that foot care needs are adequately met. This is to evaluate new condition/s, identify any changes or concerns, and determine the appropriate course of action to maintain optimal foot health. I acknowledge and agree to the associated fee of $15.00 for the Annual Footcare Re-assessment. This fee is intended to cover the costs associated with assessment materials, professional evaluation, and documentations.

_____ I understand that the personal information collected/ release by Meeracare Services (in paper, electronic, or photograph form) will be treated with respect and comply with Alberta's Personal Information Protection Act (PIPA) and the Law.

I consent to photographs to be taken of the treatment areas for the purpose of assessment, evaluation and monitoring.

ELECTRONIC COMMUNICATION CONSENT

_____ I authorized Meeracare Services to send email communication for appointment reminders and communication regarding the client.

Please send all corresponding emails to: _____

FINANCIAL PROFILE

Financial Management: □ Self
□ Family _____ Phone Number _____
□ Public/ Private Trustee _____ Phone Number _____
□ Power of Attorney _____ Phone Number _____
□ Other _____ Phone Number _____

COST OF SERVICE

_____ I understand that I am financially responsible for all the fees and that these are payable at the time the service is provided whether covered by my health insurance plan or not. Receipts will be issues to claim

Payment Method: □ Cash
□ Cheque payable to Danson Cary Meera
□ E- Transfer to meeracareservices@gmail.com

_____ I understand that Meeracare Services requires 48 hours notice before I cancelling and or rescheduling a booked appointment. Failure to provide the requisite 48-hour notice will result in a $35.00 charge being applied to your account. Charges will also be applied in the event of appointment refusals without proper notice or valid reason.

_____ I understand that I am required to purchase a foot care kit at my initial appointment from Meeracare Services.

Client/Alternative Decision Maker: _____
Client/Alternative Decision Maker Signature: _____ Date: _____