

Ashbridge's Health Centre

Chiropractic • Acupuncture • Orthotics • Registered Massage Therapy
1522 Queen St. East, Toronto ON, M4L 1E3 416-465-5575

Informed Consent for Chiropractic Examination and Foot Orthotic Therapy

Informed Consent Form for Foot Orthotic Therapy

Your chiropractor has prescribed medical devices for you called custom foot orthotics. Orthotics can be an integral part of patient care by health care providers for the management of pedal pathologies and musculoskeletal symptomatology, and to alleviate pain and discomfort from abnormal foot function. Abnormal foot function may affect a person's kinetic chain, including legs, knees, hips and spine.

Orthotics are designed based upon the degree of patient abnormal foot function, patient activity level, patient physical stature and the type of footwear in which the orthotics are worn. Custom orthotics are foot inserts placed inside footwear.

What is the process?

Your chiropractor will assess your foot function in order to determine if you require foot orthotics and if you do, what type of orthotics will benefit you most.

The next step is capturing your foot image by taking an image of your feet. At this clinic we will make an image of your feet by using a foam casting impression kit; we will send the foam cast to a custom foot laboratory that will make a device specific to your feet. The process usually takes 7-10 business days.

When the orthotics arrive at this location, your chiropractor will ensure the devices fit and function properly and she will explain the "break in" wearing instructions.

What should I expect when wearing the orthotics?

Many patients experience pain reduction and increased comfort when wearing custom foot orthotics. A small percentage of patients experience discomfort and/or pain when breaking in their orthotics and an even smaller percentage of patients experience significant enough pain that they cannot wear their orthotics at all.

Small changes will occur throughout your musculoskeletal structure and it may take time to adjust to these changes. These aches are usually transitory and usually disappear in time. However, if at any time you have a question or concern, please contact our office.

Consent

I have read the information above and hereby request and consent to the performance of the assessment of my foot function and the prescription of custom foot orthotics by Dr. Emily Howell or Dr. Ceara Higgins.

I have had an opportunity to discuss with Dr. Emily Howell/Dr. Ceara Higgins the nature, purpose, benefits and risks of custom foot orthotics.

I understand and am informed that, as in the practice or medicine, in the practice of chiropractic there are some risks to treatment with custom orthotics, including, but not limited to, foot pain, leg pain, back or neck pain. I do not expect Dr. Emily Howell or Dr. Ceara Higgins to be able to anticipate and explain all the risks and complications, and wish to rely on Dr. Emily Howell or Dr. Ceara Higgins to exercise judgment during the course of the procedures which Dr. Emily Howell or Dr. Ceara Higgins feels at the time based on the facts then known are in my best interests.

I have read and or have read to me the above consent. I have had the opportunity to ask questions about its contents and by signing below I agree to the above named procedures. I intend this consent to apply to cover the entire course of treatment for my present and future condition(s) for which I seek foot orthotic treatment.

Dated this _____ day of _____, 20_____.

Print patient name (or parent/guardian)

Patient signature (or legal guardian)

Print witness name

Witness signature

Fees

Custom orthotics: \$440

Including biomechanical evaluation and exam casting and custom orthotic inserts

Shoes: starting at \$75.00

Shoes when purchased with custom orthotics

Signed: _____

Date: _____

Disclosure for custom foot orthotics

Name: _____

I understand that I am being cast for Orthotic group custom orthotic devices by Dr. Emily Howell or Dr. Ceara Higgins. The cost of these devices will be \$440, which may or may not be covered by my insurance. This clinic will issue me a receipt to submit to my insurance to cover my orthotics once full payment is received. The amount paid by the insurance company will be reimbursed to me. This clinic will make every effort to make these orthotics work for me ****all adjustments are free**** but **they are not returnable for a refund or credit.**

- Today I agree to pay the full amount of \$440 at the time of casting.
- Today I agree to pay a deposit of \$140 at the time of casting and further agree to pay the remaining amount of \$300 upon receiving my custom orthotics.
- I have chosen to have the custom foot orthotics rush ordered for an additional fee of \$50.00
- I would like to purchase the outgrowth policy for my child for an additional \$40.00. I understand that for the next three years any replacement pair of orthotics is only an additional \$40.00.

Total amount paid today: \$ _____

Signed _____ Date _____

Witness _____ Date _____