

Orthotic Client Information

Client name:	Occupation:			Email:	
Birth date (D/M/Y):	Age:	Gender:	Height:	Weight:	Foot size:
Activity level: Low / Med / High	Are you diabetic? Y / N		Are you arthritic? Y / N		Do you wear orthotics? Y / N

Do you have extended health benefits: Y / N	Name of provider:
Do you have insurance coverage for orthotics?	
What practitioners, if any, are listed that can prescribe orthotics?	

If you are getting a family doctor to prescribe the custom orthotics, we will provide a diagnosis for their review and approval. It will include the following:

1. A specific diagnosis, such as “plantar fasciitis”, etc. is required. Please note: “Pain” is not a diagnosis.
2. State that the “client needs orthotics” and “required for daily use”.

The following is a list of the documents that must be submitted to your Extended Health Benefits Provider for reimbursement:

- Completed, signed and dated insurance claim form (you submit)
- A Massage Addict invoice that states costs, payment method and dispensing date (we provide)
- Proof of payment in full, with receipt attached (we provide)
- Prescription form with all information as required your insurance company
- Biomechanical assessment and gait analysis (we provide)
- Proof of manufacturing and manufacturing process (we provide)

ORTHOTIC CONSENT

Licensed Chiropractors, Podiatrists, and Chiropractors who perform foot examinations and fit custom orthotics are required to advise clients of the potential risks, benefits and alternatives to the assessment process and fitting.

Potential risks and discomforts associated with foot examinations are no greater than those experienced when purchasing and fitting new shoes.

Anticipated benefits to the client include improved foot function, improved gait and decreased pain in the feet, ankles, hips, knees and lower back.

Alternatives to custom orthotics include arch supports and high-quality footwear.

I acknowledge that I have discussed, or have had the opportunity to discuss, with my practitioner the nature and purpose of a foot examination in general, and my treatment in particular, as well as the contents of this consent form.

I consent to the foot examination offered or recommended to me, including fitting for custom orthotics. This fitting will include a scan of my feet as well as photos. I intend this consent to apply to all of my present and future foot care.

Client signature (Guardian)

Client name (Guardian)

Today's date