



ELITE ORTHO CARE

4568 Hwy 7 East, Unit-5, (Hwy 7 & Kennedy)

Markham, Ontario L3R 1M5

t : 905 910 1511 • f : 905 910 0524

e : info@eliteorthocare.com • w : www.eliteorthocare.com



PATIENT NAME: _____ DATE: _____

DIAGNOSIS-CONDITIONS-SYMPTOMS

- | | |
|--|---|
| <input type="checkbox"/> FLAT FEET / PES PLANUS FEET | <input type="checkbox"/> DIABETES |
| <input type="checkbox"/> HIGH ARCHES / PES CAVUS FEET | <input type="checkbox"/> OSTEOARTHRITIS |
| <input type="checkbox"/> PLANTARFASCIITIS | <input type="checkbox"/> RHEUMATOID ARTHRITIS |
| <input type="checkbox"/> METATARSALGIA | <input type="checkbox"/> FIBROMYALGIA |
| <input type="checkbox"/> BUNIONS-HALLUX VALGUS | <input type="checkbox"/> SCIATICA |
| <input type="checkbox"/> HAMMER / CLAWED / MALLEET TOES | <input type="checkbox"/> SCOLIOSIS |
| <input type="checkbox"/> CORNS / CALLUSES / WARTS / TOE NAILS / ULCERS | <input type="checkbox"/> LEG LENGTH DISCREPANCY (CM / IN) |
| <input type="checkbox"/> MORTON'S SYNDROME / NEUROMA | <input type="checkbox"/> VARICOSE VEINS |
| <input type="checkbox"/> ANKLE EQUINUS / FOOT DROP | <input type="checkbox"/> VENOUS INSUFFICIENCY |
| <input type="checkbox"/> TALIPES EQUINO VARUS (CLUB FEET) | <input type="checkbox"/> EDEMA |
| <input type="checkbox"/> SHIN SPLINTS | <input type="checkbox"/> BURSITIS |
| <input type="checkbox"/> PATELLAFEMORAL PAIN SYNDROME | <input type="checkbox"/> TENDONITIS |
| <input type="checkbox"/> OSTEOARTHRITIC KNEE (MEDIAL / LATERAL) | <input type="checkbox"/> TENNIS ELBOW / EPICONDYLITIS |
| <input type="checkbox"/> MENISCAL TEAR (MEDIAL / LATERAL) | <input type="checkbox"/> CARPAL TUNNEL SYNDROME |
| <input type="checkbox"/> KNEE LIGAMENT TEAR (ACL-PCL-MCL-LCL) | <input type="checkbox"/> SHOULDER PAIN |
| <input type="checkbox"/> DEGENERATIVE DISC DISEASE | <input type="checkbox"/> NECK PAIN |
| <input type="checkbox"/> ANKLE PAIN | <input type="checkbox"/> ELBOW PAIN |
| <input type="checkbox"/> KNEE PAIN | <input type="checkbox"/> WRIST PAIN |
| <input type="checkbox"/> HIP PAIN | <input type="checkbox"/> BACK PAIN |

OTHER: _____

TREATMENT

- | | |
|---|--|
| <input type="checkbox"/> CHIROPODIST ASSESSMENT | <input type="checkbox"/> PHYSIOTHERAPY |
| <input type="checkbox"/> CHIROPODIST TREATMENT
(CORNS-CALLUSES-WARTS-TOE NAILS-ULCERS) | <input type="checkbox"/> MASSAGE THERAPY |
| <input type="checkbox"/> CUSTOM MADE ORTHOTICS | <input type="checkbox"/> TENS MACHINE |
| <input type="checkbox"/> ORTHOPEDIC SHOES | <input type="checkbox"/> WHEELCHAIRS |
| (Off the shelf / Modified / Custom Made) | <input type="checkbox"/> CANES / WALKERS |
| <input type="checkbox"/> COMPRESSION SOCKS | <input type="checkbox"/> BACK BRACES |
| (20-30mmHG) (30-40mmHG) | <input type="checkbox"/> MATERNITY-HERNIA BELTS |
| <input type="checkbox"/> DIABETIC SOCKS | <input type="checkbox"/> CUSTOM MADE KNEE BRACES |
| <input type="checkbox"/> ORTHOPEDIC PILLOWS | (POST SURGERY / INJURY / ARTHRITIS) |
| <input type="checkbox"/> OBUSFORME SEAT-BACK SUPPORT | <input type="checkbox"/> KNEE BRACES HINGED PATELLA (R / L) |
| <input type="checkbox"/> NECK-SHOULDER BRACE | <input type="checkbox"/> SHIN BRACES (R / L) |
| <input type="checkbox"/> CERVICAL COLLAR | <input type="checkbox"/> ANKLE BRACES (R / L) |
| <input type="checkbox"/> TENNIS ELBOW BRACE (R / L) | <input type="checkbox"/> ANKLE FOOT ORTHOSIS (R / L) |
| <input type="checkbox"/> WRIST BRACE (R / L) | <input type="checkbox"/> ACTIVE ANKLE CAST (R / L) |
| <input type="checkbox"/> CTS SPLINT (NIGHT / DAY) (R / L) | <input type="checkbox"/> PLANTARFASCIITIS NIGHT SPLINTS (R / L) |
| <input type="checkbox"/> THUMB SPLINTS (R / L) | <input type="checkbox"/> BUNION-HALLUX VALGUS CORRECTIVE
SPLINTS / TOE SEPARATORS (R / L) |

OTHER: _____

PROGNOSIS : _____

AT THE DISCRETION OF THE SPECIALIST : _____

INSTRUCTIONS / COMMENTS : _____

PHYSICIANS NAME : _____ SIGNATURE : _____

PHYSICIANS PRESCRIPTION