Orthotic Intake

This form has been created to coordinate goal setting between allied health practitioners to maximize treatment outcomes. Please highlight your specific areas of concern and the goals you would like to see your patient achieve.

Clinician		**Contact (email)**	
Clinic / Facility		**Patient Name**	
Patient Phone No.		**Personal Health No.**	
Date of Birth		**Is funding in place?**	☐ Yes ☐ No

Diagnosis	
Primary Concern	
Comorbidities	
Gait Deviation(s)	
Previous Orthoses	
Goals for treatment	

Specific areas to note & additional comments	

Would you like us to call if we have questions before we see the patient? ☐ Yes ☐ No

Would you like an emailed consultation note following this patient's assessment? ☐ Yes ☐ No

HODGSON
ORTHOPEDIC GROUP

COQUITLAM
T 604.520.7332 | F 604.521.7300
Unit 113 – 250 Schoolhouse Street
Coquitlam, BC V3K 6V7

SURREY
T 604.597.4784 | F 604.597.3902
Unit 118 – 12414 82 Avenue
Surrey, BC V3W 3E9

hodgsongroup.ca