



York Medical Health Centre
101-17730 Leslie St., Newmarket, ON L3Y 3E4
Tel: 905-853-0404 (Option 6) Fax: 905-853-5463

Registered Chiropodists: Brian Harper D.Ch. & Brooke Howell D. Ch.

Consent to Treatment

I, _____ (Initials) hereby give permission to the Chiropodists, Brian Harper and Brooke Howell, at Newmarket Foot Centre to examine and treat my feet by medical, orthopaedic or minor surgical methods.

Consent to Share Information

I, _____ (Initials) authorize Newmarket Foot Centre to access my health information from Physicians, family/caregivers, and other professionals/agents within my “circle of care” for the purpose of medical intervention on my behalf. The “circle of care” is defined as any health service professional or agent, including members of community service organizations. I also authorize Newmarket Foot Centre to share health information within my “circle of care” as deemed necessary.

I understand the purpose of sharing my healthcare information and understand that I can refuse to sign this consent form or withdraw my consent at any time.

Patient Name: _____

Patient's Signature: _____ Date: _____

Witness Name: _____

Witness Signature: _____ Date: _____