

CONFIDENTIAL PATIENT INFORMATION

Title:	First Name:	Surname:
Address:		Postcode:
DOB:	Tel:	Mobile:
Email:		
Occupation:		
What is your main foot concern today, has it been treated or seen by anyone?		
How did you hear of us? <input type="checkbox"/> Internet <input type="checkbox"/> Consultant <input type="checkbox"/> Google <input type="checkbox"/> Facebook <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Doctor <input type="checkbox"/> Other		
What is your shoe size?	What is your height?	What is your weight?
<p>Certain medical conditions can affect podiatry, and vice versa. Please indicate any conditions you suffer from.</p> <p> <input type="checkbox"/> Heart Complaints <input type="checkbox"/> Taking Anti-Coagulants <input type="checkbox"/> Poor Sight <input type="checkbox"/> Asthma <input type="checkbox"/> Excessive Bleeding <input type="checkbox"/> Breathing Problems <input type="checkbox"/> Diabetes <input type="checkbox"/> Stroke <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Taking Steroids <input type="checkbox"/> Arthritis <input type="checkbox"/> Additional Conditions/Information: </p>		
Are you currently taking any medication? <input type="checkbox"/> No <input type="checkbox"/> Yes (please specify)		
Do you suffer from any allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes (please specify)		
Have you had any major operations or lower limb/back procedures? <input type="checkbox"/> No <input type="checkbox"/> Yes (please specify)		
Do you smoke? <input type="checkbox"/> No <input type="checkbox"/> Yes	Do you swim or do sports?	
Name and Address of your GP		
<p>Terms & Conditions: We require 24 hours notice to cancel an appointment, this can be made by phone or via the email confirmation you receive. Payment is required in full at the time of your appointment – if you are covered by insurance, you will need to claim this back separately.</p>		
Patient Signature:		Date:

We may send infrequent emails about our services. If you do not wish to be informed please tick

We sometimes use patient photos in case studies, conferences or information. These are kept confidential and have no patient identifiable data on them. If you do not wish this to happen please tick

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