A&APODIATRISTS
Putting your feet first

CONFIDENTIAL NEW 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? ❒ Internet ❒ Consultant ❒ Google ❒ Facebook ❒ Yellow Pages ❒ Doctor ❒ Other		
What is your shoe size?	Do you currently swim or do sports?	

Certain medical conditions can affect podiatry, and vice versa.
Please indicate any conditions you suffer from and add if necessary.

❒ Heart Complaints	❒ Taking Anti-Coagulants	❒ Poor Sight	❒ Asthma
❒ Excessive Bleeding	❒ Breathing Problems	❒ Diabetes	❒ Stroke
❒ High Blood Pressure	❒ Taking Steroids	❒ Arthritis	❒ Diabetes

Are you currently taking any medication? ❒ No ❒ Yes:

Do you suffer from any allergies? ❒ No ❒ Yes:

Have you had any major operations or lower limb/back procedures? ❒ No ❒ Yes:

Do you smoke? ❒ No ❒ Yes

Name and Address of your GP

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 ❒

FOR OFFICE USE ONLY

❒ Seen by MA ❒ Entered ❒ Scanned ❒ Attached Cliniko ❒ To Be Shredded