

# Angel Chiropody & Podiatry - NEW PATIENT FORM

## Patient's details

Please complete in **BLOCK CAPITALS** and mark ☐ as appropriate

Mr ☐ Mrs ☐ Ms ☐ Mx ☐

Surname

First Names

Is this your legal name? Yes ☐ No ☐

Previous Surnames

Date of Birth / /

Contact No.

Email

## Home address

## GP Details

Postcode		Postcode	

## Medical Conditions

Please list any past or **Current Medical Conditions** or **Injuries**


## Medications

Please list any **Current Medicines** you have been prescribed


## Reason for Visit

Please describe briefly what brings you to our clinic today


Do you have any **Food** or **Drug Allergies**?

Yes ☐ No ☐

Have you been on **Holiday outside the UK** in the last 5 years?

Yes ☐ No ☐

If **YES**, please indicate if you have been ☐ hiking ☐ skiing ☐ beach walking

Do you require **Specialist Footwear** for work/recreation?

Yes ☐ No ☐

I agree that my visit today is for the concern that I have outlined above. I understand that any additional issues may require separate consultation & treatment sessions

Yes ☐ No ☐

I understand that withholding/ failing to disclose relevant information may adversely affect any diagnosis. The information provided above for the purpose of my medical consultation and treatment at Angel Chiropody & Podiatry is truthful and accurate

Yes ☐ No ☐

I understand that **I may withdraw my consent to be treated at any time**. Should I wish, I will notify the Podiatrist immediately; the consultation will be discontinued, and I will be discharged from care.

**I agree to the Angel Chiropody Terms & Conditions and wish to progress with my Medical Consultation.**

*\*If on behalf of child/ward, please indicate lawful relationship in brackets*

Signature\*

Date

## Important Information

*Thank you for choosing to pre-book a clinical consultation with us for your footcare needs. Your privacy is important to us, and we want to communicate with our clients in a way which has their consent and is in line with UK law on data protection. By signing this form, you confirm that you are consenting to Angel Chiropractic & Podiatry holding and processing such personal data as necessary for the purposes of your medical consultation & treatment.*

### About Your Consultation

- Angel Chiropractic & Podiatry offers non-emergency private podiatric care. **All our procedures are elective**; your Podiatrist will explain all options to you during your consultation and devise a Treatment Plan. It is up to you to ensure the plan reflects your wishes as discussed, so please take the opportunity to discuss any issues with your Podiatrist if you are unsure.
- Your consultation will be carried out by one of our Podiatrists, who may recommend a treatment plan based on clinical assessment as well as the information provided by you. Should your further footcare needs require consultation with another allied health professional, your Podiatrist will recommend this accordingly. **You are still expected to pay the fee for this consultation.**
- Please bear in mind that not all issues can be resolved in one session, and **consultation does not guarantee immediate treatment**. Where treatment is not considered routine, we will endeavour to offer you the nearest available booking. We recommend a reasonable time between appointments for you to fully consider your treatment options.

### Attending Our Clinic

- Our staff are here to help you, and we expect them to be able to work in a safe environment. Our clinic operates a zero-tolerance policy of abuse against our staff. Should any visitor to the clinic harass, abuse, intimidate or in any way make our staff fearful **we reserve the right to terminate your consultation** and request that you leave the premises. This will be followed by a discharge letter from our clinic.
- All missed appointments are chargeable. We will discharge patients who fail to attend two consecutive appointments without notice. If you are unable to attend, please provide at least 24hrs notice. While we strive to make sure that your appointment runs to schedule, we may sometimes run late. We appreciate your understanding and are grateful for your patience

*I understand & agree to the above and wish to progress with my Consultation*

Signature

Date

Print Name

