

Angel Chiropody & Podiatry – Medical Update 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 ☐

Date of Birth:

Contact No:

Email:

Home address

GP address

Postcode		Postcode	

Medical Conditions

Please list any past or current medical conditions or injuries

Medications

Please list any medications you have been prescribed

Reason for Visit Today

Please describe the issue you'd like to discuss with your Podiatrist

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 use any **Specialist Footwear** for work/recreation?

Yes ☐ No ☐

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

Yes ☐ No ☐

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

Yes ☐ No ☐

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

Signature*

Date

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