

New Patient Personal Information – Under 16s

Podiatry is a medical treatment and therefore we have to ask for certain personal details. These are not shared with anybody else and are used for your medical record with us as per the Data Protection Act. If you have any queries regarding this form please ask a member of staff.

Please ask a member of staff if you require assistance with these forms

Full Legal Name:.....

Title (Mr/Mrs/Miss etc):..... Known as (if different from first name):.....

Gender (Male/Female etc):..... Date of Birth:.....

If you have preferred pronouns please let us know

Home Address:.....

.....Postcode.....

Home Tel:..... Mobile Tel:.....

If a mobile number is issued we will send you text reminders for your appointments

Email Address:.....

Occupation:

GP Name & Practice:.....

If you wish to receive information about special offers and new treatments from us then please initial here ____

How did you hear about us?

Personal recommendation ☐ Google ☐ Social Media ☐ Online listing ☐

Walked past ☐ Other:

In order to treat your child we need you to understand that:

We are regulated and registered healthcare professionals who need to ask for certain medical information to make an informed diagnosis. Failure to disclose information could result in inaccurate treatment being undertaken.

You are consenting to general podiatry treatment on your child which can include, but is not limited to, nail care, dead skin debridement (removal), corn treatment, verrucae reduction and assessment of podiatric need. Some treatments we offer will require further consent and will be discussed with your podiatrist if required. Photographs and video may be taken during your appointment for their medical record.

You both have the right to withdraw consent at any time.

Podiatrists use sharp instruments to carry out treatments. Whilst every care is taken, there is a slight risk of injury during treatment. Treatments carry a very small risk of infection after treatments. Certain medical conditions may increase this risk.

You have been issued with a patient information leaflet which explains your rights. Please keep this safe.

You understand that failure to cancel an appointment or to provide 24 hours' notice of cancellation will result in a charge being applied to your account. Full details are in our patient information leaflet.

You are to update us of any changes to the patient's medical status at future appointments.

You can both ask your podiatrist if you have any questions about your treatment.

Provided data will be processed for purposes necessary to your treatment (see privacy notice in your patient information leaflet for details).

You have the right of parental consent for the above named patient.

Signed..... Relationship to patient:.....

Date

PLEASE COMPLETE MEDICAL FORM ON NEXT PAGE

For office use only: Forms completed by ☐ Patient ☐ Podiatrist ☐ Patient's Representative ☐ Other Staff Member

Medical Details – Under 16s

Podiatry is a medical treatment and therefore we have to ask for certain medical details. These are not shared with anybody else and are used for your medical record with us as per the Data Protection Act. If you have any queries regarding this form please ask a member of staff.

Please give us details of any medical conditions that the patient has.

Please give us details of any medications that they take.

Please give us details of any surgeries that they have had

If they are pregnant, when are they due?

Please give us details of any allergies that they have

To help us give you the best experience at your visit, are there any accessibility needs for either the patient or accompanying guardian? e.g. hearing impaired, low-vision, wheelchair user, neurodiverse needs etc

Should any of these details change in the future then please let your podiatrist know at the next appointment

Patient's Name:

Signature of parental consent holder: Date