

## **New Patient Personal Information**

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:.....

GP Name & Practice:.....

Please state the name of the Welfare Power of Attorney or Welfare Guardian for the patient:

.....

If the Welfare Guardian will be present at podiatry treatments, they must sign below to grant consent to treatment:

A COPY OF YOUR CERTIFICATE WILL BE REQUIRED FOR OUR FILES

Welfare Guardian signature..... Date: .....

**Where a Welfare Guardian cannot be present, please provide a Section 47 certificate which has podiatry treatment listed. By law treatment cannot be undertaken without EITHER a Welfare Guardian present or a valid Section 47 form on file**

### **Please be aware 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.

We will undertake general podiatry treatment which can include, but is not limited to, nail care, dead skin debridement (removal), corn treatment, verrucae reduction and assessment of podiatric need. Photographs and video may be taken during the appointment for their medical record. This treatment will require the consent of the person's Welfare Power of Attorney, Welfare Guardian or with a Section 47 form in place.

The patient, Welfare Guardian and chaperones can ask the podiatrist if there are any questions about the treatment.

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.

A patient information leaflet has been issued which explains your rights. Please keep this safe.

The podiatrist must be notified of changes to the patient's medical status or consent status.

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

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

## Patient Medical Information

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 include issues such as previous stroke, heart attack etc.**

**Please give us details of any medications that the patient takes**

**Please give us details of any surgeries that they have had**

If they are pregnant, when are they due? .....

Are they a smoker or did they used to be one? .....

**Please give us details of any allergies that they have**

**To help us give them the best experience at their visit, do they have any accessibility needs? e.g. hearing impaired, low-vision, wheelchair user, neurodiverse needs etc**

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

Name of person completing form.....Date .....