SURE FOOT PODIATRY

NEW PATIENT FORM

Thank you for booking your podiatry appointment. We would like to ask you some KEY information before we begin your treatment.

Title ☐ Mr ☐ Mrs ☐ Ms ☐ DR ☐ Rev Date of Birth (/ /)

Name ..... Telephone .....

Address .....

..... Post Code .....

Doctor's Surgery ..... Shoe Size .....

What is the main issue which you have come with? .....

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How did you find out about our service? .....

Your health and medical history

Do you have a history of any of the following? (please tick)

☐ Diabetes
☐ Taking steroids
☐ Hepatitis (A,B, or C)
☐ Epilepsy, fainting or anxiety attacks
☐ Taking warfarin
☐ MRSA infection
☐ HIV/Aids
☐ Known allergies-please state

Do you have any other medical conditions? .....

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Do you take any regular medicines? (please list) .....

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Have had any surgical procedures? (please list) .....

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Year 20

Name