



New Patient Form

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

Name - _____ Telephone - _____

Address - _____ Date of Birth (D/M/Y) - / /

Doctor's Surgery - _____ Shoe Size - _____

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

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

- Do you have any other medical conditions?

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

- Have had any surgical procedures? (please list)

