

**Welcome**

For us to provide high quality treatment it is necessary that we have the following information. We require you to provide us with your medical history before treatment can occur. Your privacy is paramount and will be protected. Our *Privacy Policy* is available on request.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

GP Name: \_\_\_\_\_ GP Contact: \_\_\_\_\_

Private Health Insurance? No  Yes  Fund Name: \_\_\_\_\_

What issues bring you to the Podiatrist? \_\_\_\_\_

How long has this been going on? \_\_\_\_\_

What's been done so far to help you? \_\_\_\_\_

Why is it important to fix this now? \_\_\_\_\_

Are you experiencing any other issues with your feet or legs? \_\_\_\_\_



Where did you hear about Feetology? (please tick)

Signage  | Search Engine  | Feetology Website   
 Doctor  | Facebook  | Health Professional  (Pls specify): \_\_\_\_\_  
 Family/ Friend  Name: \_\_\_\_\_ Other  (Pls specify): \_\_\_\_\_

Medical History: \_\_\_\_\_  
\_\_\_\_\_

Medication: \_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

Social History (Sports/ Leisure, Smoking, Alcohol): \_\_\_\_\_

We are pleased to offer a complimentary appointment reminder service on the business day prior to your appointment. Please indicate your preferred reminder method (☒):

SMS/ Text Message  Phone  Email  No reminder

Patient Acknowledgement/ Consent: (please tick)

- I consent to podiatric treatment from Feetology Podiatry Centre Podiatrists
- I agree to give 24 hours' notice if I am unable to attend a scheduled appointment
- I understand that images of my feet and/or legs may be taken as part of my treatment and I consent to these images being taken, stored and utilised as part of my care
- I consent to the particulars of my care being discussed with relevant health professionals involved in my care
- I agree to this consent remaining valid until such time as I withdraw my consent.

Date: DD / MM / YYYY

\_\_\_\_\_  
Signed

Office Use Only

Initial Appt Type:  NPG - General  NPB - Biomech

Rebook:  \_\_\_ # weeks | Appt Type:  Standard  Biomech  Dispense | Recall:  \_\_\_\_\_ # weeks

Consumables: \_\_\_\_\_ | Shoes: \_\_\_\_\_

Other: \_\_\_\_\_

Administration:

NPF Entered  Welcome Email Sent  NPFU SMS Sent  Referral Program  NP Register Updated  NPF Scanned