

All information, written or otherwise, that you give us is strictly confidential and is so treated by the entire staff.

Patient Information

Patient Name: _____ Gender: M/F
 Date of birth: _____
 Address: _____
 Suburb: _____ Postcode: _____
 Occupation: _____

Patient Contact Information

Home No: _____ Mobile: _____ Work No.: _____
 Email Address: _____
 Emergency Contact: _____ Phone No.: _____
 Private Health Fund: _____

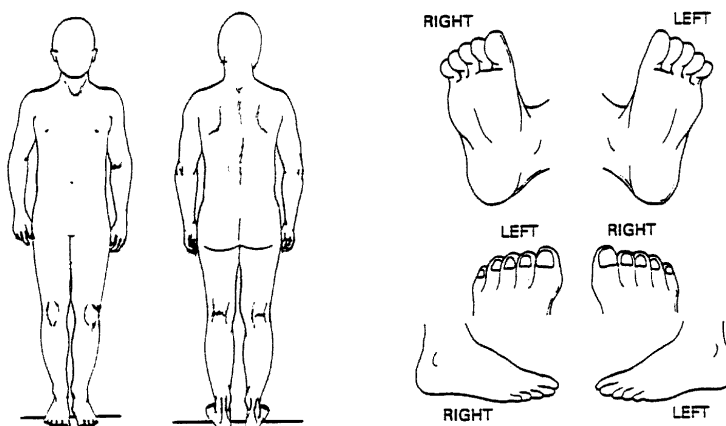
How Did You Hear About Us?

Please circle as appropriate

- | | |
|---|---|
| <input type="radio"/> Doctor:..... | <input type="radio"/> Friend/Relative (Please state their name, we would love to thank them!):..... |
| <input type="radio"/> Website | <input type="radio"/> Health Professional:..... |
| <input type="radio"/> Yellow pages (internet or print?) | <input type="radio"/> Club (Gym or sports club):..... |
| <input type="radio"/> Sign on building | <input type="radio"/> Other:..... |

Podiatric History

Please mark on the diagram area of concern is and note down any details you think might be relevant:



.....

Have you had any previous treatment for your presenting complaint? Yes/No

If Yes, please specify:



General Practitioner Details and Additional Health History

Name of Practitioner: _____ Clinic Name: _____
Clinic Address: _____ Phone: _____

Do you consent that we communicate with your GP about your condition if necessary: Yes / No

Do you have any **ALLERGIES?** Please state:

Current Medications? Please state: _____

- Diabetes Blood Pressure Pacemaker Asthma Hepatitis/AIDS
- Heart Problem Back Problems Arthritis Gout Falls (Past 12 months)
- Foot &/or Leg Cramps Tired Feet Swelling in Ankles &/or Feet Leg Ulcers
- Lower limb Surgery

Please provide any other details about your medical history that you feel may be relevant to your appointment today:

.....
.....
.....
.....

Consent to clinic information

Do you consent to receiving marketing materials such as clinic newsletters and other additional clinic information:

Yes / No

Appointment and Payment Policy

We understand that life is hectic but we do require 24hrs notice for cancellation or change of appointment time. Please understand that when an appointment is made the client has booked the practitioner's time and whether the client attends the appointment or not, the time has been set aside for that client.

Should a client fail to cancel 24hrs prior, a non-attendance fee of \$50 will be sent out to you for the session time.

Signed: _____ Date: _____

If under the age of 18 a parent or guardian consent is required (please circle) PARENT / GUARDIAN

Thank you for choosing Evolve Podiatry.

Thank you for taking the time to provide us with this information. The information you have provided is for clinical use only by the Evolve Podiatry. This clinic is bound by confidentiality rules.