# Angel Chiropody & Podiatry – NEW PATIENT DETAILS

**Your Details**

Mr ◯ Mrs ◯ Ms ◯
Mx ◯ Dr ◯ Prof ◯

Contact Number*

Surname*

Date of Birth* DD/MM/YYYY

Forenames* THIS MUST BE YOUR LEGAL NAME

Home Address*

Postcode

GP Practice*

Do you have any of the following medical conditions? *

Diabetes ◯ Arthritis ◯ Epilepsy ◯ Other
Hypertension ◯ COPD ◯ Heart Failure ◯

Medications* PLEASE INCLUDE ALL MEDICATIONS THAT YOU ARE CURRENTLY TAKING, EG: ATORVASTATION, CIPRAMIL, YASMIN

Do you have any food or drug allergies? *

Presenting Concern* PLEASE DESCRIBE THE ISSUE THAT BRINGS YOU HERE TODAY

Have you been outside the UK in the previous 36mths? Yes ◯ No ◯
*If 'Yes', please indicate if you have been* *Hiking* ◯ *Skiing* ◯ *Beach walking* ◯

Activity Level

*Light* ◯ *Moderate* ◯ *Exercise 2-3 times weekly* ◯ *Daily Exercise* ◯ *Intense Daily* ◯

- You agree that your visit today is for the concern outlined above, and that additional issues may require separate appointments.
- You understand that withholding or failing to disclose any relevant information may adversely affect any diagnosis. The information provided above for the purposes of this consultation is truthful and accurate.
- You understand that you may withdraw your consent to be treated at any time. If you wish to do so, please notify the Podiatrist immediately so that the consultation may be discontinued.

By signing below, I agree to the Angel Chiropody Terms & Conditions and wish to progress to my Medical Consultation

Signed

Date