

Angel Chiropody & Podiatry – MEDICAL UPDATE FORM

Your Details

Mr Mrs Ms
Mx Dr Prof

Surname*

Date of Birth* DD/MM/YYYY

Forenames* THIS MUST BE YOUR LEGAL NAME

Home Address* PLEASE INCLUDE YOUR FULL 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 etc

Do you have any food or drug allergies? *

Presenting Concern* PLEASE DESCRIBE THE ISSUE THAT YOU WISH TO ADDRESS 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

- I agree that my visit today is for the concern outlined above, and that additional issues may require separate appointments.
- I 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.
- I understand that I may withdraw consent to be treated at any time. If I wish to do so, I will 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