

# Every Step Podiatry Medical History and Terms & Conditions

**Please complete and PRINT, and bring along to your appointment.**

Patient name

Illness in the past 6 months

Current GP & Practice name

**Are you HIV or HEP B/Positive**                      Yes                      No

**Please provide any details of the following conditions past or current.**

Diabetes    Type I                      Type II

Epileptic

Osteo/Rheumatoid arthritis

Pacemaker

Heart/Angina/Coronary/Stroke

Rheumatic fever

High blood pressure

DVT/Thrombosis

V Veins/Peripheral vascular disease

Fracture legs/hips/feet

Surgery to lower limbs

Back problems

Neurological/Loss of sensation legs/feet

Respiratory/Asthma

Skin/Eczema/Dermatitis

Giddiness/Fainting

Anaemia/Hereditary blood disorders

Hepatitis/Jaundice/Renal/Kidney

Endocrine/Thyroid/Pituitary

Cysts/Tumors/Cancer

Abnormal bleeding/healing

Are you a smoker?

Are you pregnant?

Allergies eg zinc oxide, antibiotics,  
hayfever, local/general anaesthetics,  
medicines, food, others

Current medication

**Please PRINT and SIGN this form, and bring along to your appointment.**

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## Terms & Conditions

We are always pleased to assist our patients whenever we can. This document gives details of our terms and conditions of service. If, however, you have any queries or need clarification, please contact us and a member of staff will be happy to help you.

Please be aware that any information provided through any part of our online resources (eg social, news, main site, phone, email) is for information purposes only and does not constitute professional advice. No professional advice can be given without a clinical consultation with a podiatrist.

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### **Fees & payment**

We do not operate a credit account system and we require fees to be settled at the appointment where treatment is provided. Our fees are clearly marked within our clinics and also on our website. For security reasons, we aim to work on a cashless system therefore we only accept card payments, house calls excluded.

### **Late cancellation or missed appointments**

Instep Podiatry reserves the right to charge £25 for each 30 minute appointment, in the event of a missed appointment or an appointment cancelled with less than 24 hours notice. For appointments longer than 1 hour, we require at least 72 hours.

Our computer system allows text or email messages to be sent to our patients to confirm an appointment that they have just made, and also to remind our patients of it near the time. We have had very positive feedback since starting this service. If you would like to use this free service, please ensure we have your current mobile number and/or email address on file.

### **Patient details**

We store all patient personal details on a secure computer system in accordance with the Data Protection Act. It is very important that you give a full medical history and details of any medication you take. Should these change in any way, it is very important for you to tell your Podiatrist. It is the patient's responsibility to inform the clinic of any changes in either personal details and/or their medical history. All information, including any photographs, is stored and processed only to assist your treatment and to use if a medical referral is required. We will request your consent before sharing any of this information with your GP/physiotherapist/etc.

We like to keep our patients informed of various important changes at the clinics and like to remind our patients of their appointments, when they are due for appointments, and other various important reminders. If you prefer not to be contacted, please inform us.

A full detailed copy of our Privacy Policy can be found on our website or please ask us for a copy.

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## Consent

We require your signed consent for routine foot care such as nail care and callus/corn treatment.

I understand that I am to be seen/treated by a Podiatrist.

I confirm that I am aware that Podiatrists may use sharp medical instruments.

I am aware I can withdraw my consent at any time.

Some additional treatments may require completion of further consent forms. This is in order to explain the treatment, aftercare and any risk to you thoroughly, before any of these treatments are carried out.

**I consent to the above and agree to the Terms & Conditions of Service provided by Every Step Podiatry.**

Please tick

Signed (patient, or parent/legal guardian on behalf of under 16 yrs): \_\_\_\_\_ Date: \_\_\_\_\_