



## Medical History

All details you provide are strictly confidential to Foot Health with Caring Hands and comply with General Data Protection

Sue Irvine MCFHP MAFHP

Full Name:	
Address:	
Date of Birth:	
Email Address:	
Phone Number:	
Occupation:	
Name and Address of Medical Practitioner:	
Next of kin	

I would like to use your personal information within an emergency situation and to assist with the administration of your appointments, changes to scheduled appointments and send reminders about upcoming appointments.

☐ I consent      ☐ I do not consent

Have you ever suffered from Rheumatic fever?

☐ Yes

☐ No

Have you ever suffered from Epilepsy?

☐ Yes

☐ No

Have you ever suffered from chronic bronchitis/asthma?

☐ Yes

☐ No

Have you ever suffered from high or low blood pressure?

☐ High blood pressure      ☐ Low blood pressure      ☐ No

Are you diabetic?      ☐ Type 1      ☐ Type 2      ☐ No

Do you take Warfarin/Aspirin or any blood thinning medication?      ☐ Yes      ☐ No

If yes, what are these?

Do you suffer with Arthritis?      ☐ Yes      ☐ No

Do you suffer from any heart problems?      ☐ Yes      ☐ No

If yes, please can you provide more detail.

Do you have any known allergies?      ☐ Yes      ☐ No

If yes, please can you provide more detail.

Do you have any known skin conditions?      ☐ Yes      ☐ No

If yes, please can you provide more detail.

Have you had any joint replacements?      ☐ Yes      ☐ No

If yes, please can you provide more detail.

Please list any medication you are currently taking.

Please list any other information you feel we should know before your treatment.

#### **Cancellation Policy**

Appointments cancelled within 24 hours, no-shows, if you decline treatment on the day or if you or someone in your household has Covid and cannot have treatment then full fees apply.

#### **Consent Declaration**

By signing below, you are providing your consent to be treated by Sue Irvine and understand that:

- No treatment will be offered or undertaken without a full explanation of the range of options available to you and the expected outcome of these treatments.
- Any risks will be outlined, and questions answered to the best of my ability.
- Minor injury may occur (a cut), precautionary steps will be taken to prevent infection with advice given, Sue Irvine will not be responsible for consequences of failure by you to immediately notify any possible injury, or lack of aftercare advice not being followed.
- Any aftercare advice needs to be followed to ensure effective results from treatment in between appointments.

Sue Irvine as data processor will hold your personal information, using paper forms and Cliniko software. I may ask to photograph your feet at any time for informative purposes. Your identity will not be disclosed.

#### **Data Protection Policy**

Your personal medical details will be kept in accordance with the General Data Protection Regulations of May 2018. Your medical history and personal details will be kept securely and confidentially for a minimum of 7 years after your last appointment, then destroyed.

Please note, if you do not consent, I will be unable to carry out assessment or treatment.

**By signing you consent to the above.**

Sign:	Date:
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