

Next Step Podiatry

1 Bowling Green Road, Kettering, Northants NN15 7QW
Tel: 01536 522622 Email: info@nextsteppodiatry.co.uk
www.nextsteppodiatry.co.uk



Patient Registration Form

PLEASE COMPLETE BOTH SIDES

PERSONAL DETAILS:

Title: First Name: Surname:

Preferred Name: Date of Birth:

CONTACT DETAILS:

Home Telephone No: Mobile No:

Email:

Address:

.....

..... Postcode:

Parents Name: (for child under 15 years of age)

MEDICAL HISTORY:

GP Name & Surgery:

Details of any illnesses:

Any medications:

Any allergies:

How did you hear about the clinic? Friend/Family Leaflet Social Media Internet/Website

Other, please specify.....

PAYMENTS: *(Payment requested at end of consultation - thank you)*

SELF FUNDING INSURANCE

PAYMENT METHODS: CASH DEBIT CARD CREDIT CARD

GP LETTER / PHOTOGRAPHS:

After your consultation our practice may write to your GP for good communication.

I AM HAPPY for a letter to be sent to my GP

We may take a photograph of your foot to keep on record as we find this very useful to record changes over time.

I AM HAPPY for photographs to be taken

APPOINTMENT COMMITMENT

On making an appointment with us at Next Step Podiatry we are all agreeing to honour that commitment. At times things will get in the way and it will be necessary to reschedule appointments. We promise to give you as much notice as possible. We would request the same from you so that we can offer an appointment space to another patient. **There is a 50% charge if you fail to attend an appointment - payable before you book your next appointment.** We very much appreciate your cooperation with this.

PLEASE TURN OVER FOR CONSENT SIGNATURE

USE OF PATIENT INFORMATION:

To receive continuity and quality of care this information is recorded and may be shared with other members of the health care team involved in your care.

We do not share your information with anyone who is not directly involved in your care.

There is a legal requirement to keep medical records for 7 years.

PLEASE READ AND SIGN TO:

CONFIRM YOU UNDERSTAND OUR APPOINTMENT CONFIRMATION.

CONFIRM YOU ARE SATISFIED WITH THE DETAILS YOU HAVE SUPPLIED AND THAT YOU UNDERSTAND THAT WE WILL HOLD/USE THIS INFORMATION SECURELY FOR ENSURING SAFE AND EFFECTIVE CARE.

AND

CONSENT FOR TREATMENT:

Podiatrists are legally and ethically obliged to obtain informed consent before the initial investigations or treatment. Within your initial assessment the podiatrist will discuss with you:

- a working diagnosis, prognosis, possible treatment options (including no treatment), risks and benefits and answer any questions you may have.
- You will be given time to consider the treatment options and what is suitable for you.
- Your consent can be withdrawn at any time.
- A podiatrist may use sharp instruments and other equipment that may cause minor damage to the skin surface.

If you agree that:

- you have freely attended Next Step Podiatry
- you wish to go ahead with the proposed assessment please sign below - thank you.

PATIENT SIGNATURE: DATE:.....

PARENT SIGNATURE:..... DATE:.....
(with parental responsibility)

YOUNG PERSON SIGNATURE:..... DATE:.....
(age 15 and under)

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