

**Confidential Medical History**

To provide safe and effective treatment the Podiatrist needs to know your medical history. This information will remain confidential and will only be used in accordance with the Data Protection Act and HPC Rules

Name:

Address:

Date of birth:

Occupation:

We normally write, in confidence, to your GP after your first treatment do you have any objections?:	Yes / No
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**Please answer yes, no or maybe to the following questions and give full details:**

<b>Are you:</b>	Yes	No	Maybe	Details:
Attending or receiving treatment from a doctor, hospital or other practitioner?				
Taking or using any medicines (tablets, capsules, creams, injections, herbal, etc)?				
Expecting a baby?				
Taking steroids now or at any time in the past?				
Allergic to anything (inc foods, medicines, etc)?				
<b>Have you:</b>				
Had rheumatic fever?				
Had hepatitis, jaundice, liver or kidney disease?				
Any heart problems: murmur, angina or raised blood pressure?				
Had a reaction to local or general anaesthetic?				
Had any joints replaced?				
Been in hospital? What for and when?				
<b>Do you:</b>				
Have arthritis?				
Have a pacemaker, or have you had any heart surgery?				
Had any other surgery? For what?				
Have hayfever, eczema or other allergy?				
Have asthma or any other chest condition?				
Have any blood disorder or disease?				
Have epilepsy?				
Have diabetes (or anyone in the family)?				
Suffer leg cramps when in bed or walking?				
Get cold feet, white fingers or toes?				
Get any numbness in your feet?				
Bruise easily after injury/surgery? Ever bled so much your family/friends have been worried?				
Find wounds take longer to heal?				

**Please turn over**

<b>Do you:</b>	<b>Yes</b>	<b>No</b>	<b>Maybe</b>	<b>Details:</b>
Carry any warning cards?				
Drink more than one and a half pints of beer or more than 3 glasses of wine a day?				
Smoke? If so what and how many?				
Think there is anything else we should know about your medical history/health?				

Please answer the following:

<b>How did you get to hear about us?</b>	<b>(tick)</b>	<b>Whom, which one?</b>
Word of mouth (family, friend, etc.)		
I walked past your clinic		
GP referral		
GP practice booklet/website		
GP practice appointment card		
Other Health Professional		
Leaflet delivered to my home		
Leaflet I picked up in a shop/clinic/pharmacy		
Local Newspaper		
Magazine (e.g. Health24, Diva, etc)		
Internet/website (e.g. yell.com, google, etc)		
Telephone directory (e.g. yellow pages)		
Other		

The information I have given on this form is true and correct to the best of my knowledge

Signed: .....

Name: .....

Date: .....

I am the patient / parent / guardian \* (delete as necessary)

Thank-you, for completing this form, please hand it to the Podiatrist when you attend for assessment

Notes for staff:

1. Please make sure you transfer the referral/advertising info on this side of the form to the monthly new patient referral info sheet
2. Ensure the confidential medical history data is transferred to the PPMS confidential medical history under clinical assessments – only when this has been completed may this form be destroyed by shredding.