

WELCOME TO HEAL PODIATRY

As a new client we welcome you to our practice. To assist us in providing you with an accurate diagnosis and the most appropriate treatment plan, we would appreciate that you complete the following forms. If you are unsure of any questions please ask your Podiatrist. The information you disclose will be held in complete confidence.

Personal Details

Title

First Name

Surname

Address: Post code

Contact Phone Number:

Email:

Emergency Contact: Phone:

Are you a Pensioner/Health Care Card Holder? Yes/No

Are you covered by the Department of Veterans' Affairs? Yes/No

If yes – Card No:

Is this a Workcover/ Motor Vehicle Claim? Yes/No

If yes – Claim No: Case Manager:

What is your date of birth?..... Current Age

Who is your General Practitioner?.....

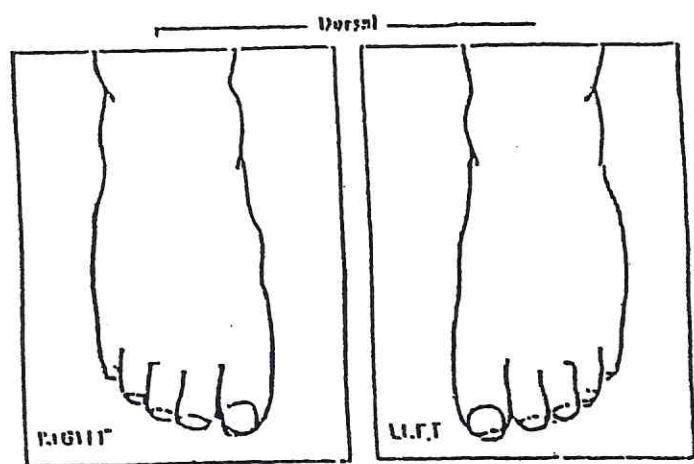
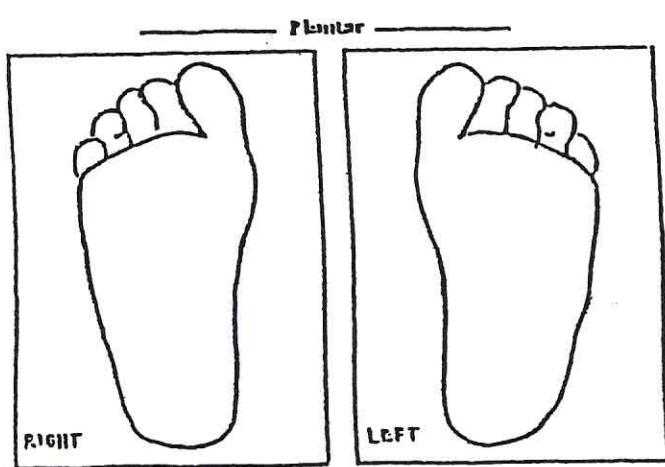
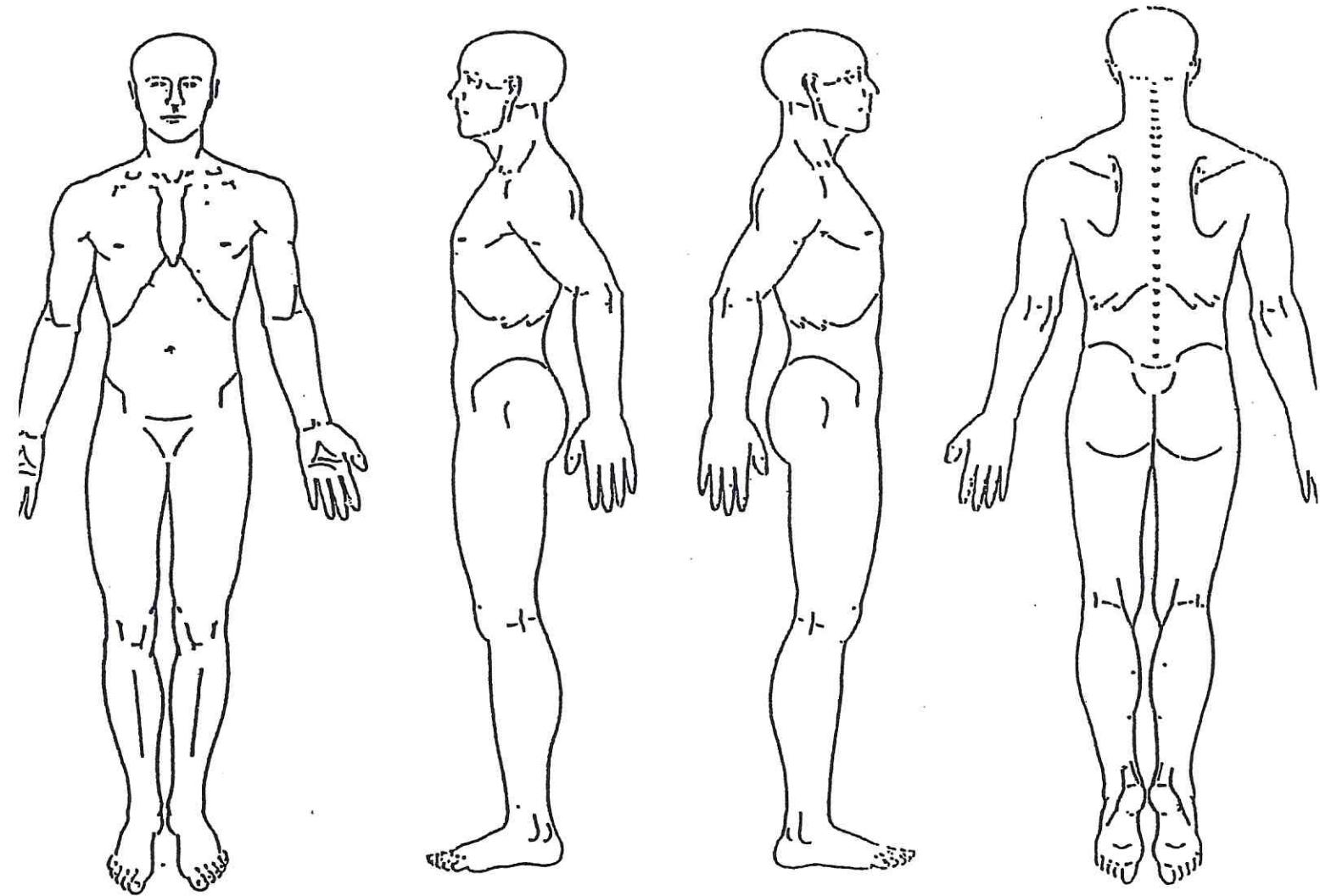
Address

Do you see a Chiropractor or Physiotherapist? Yes/No

If yes, Name

Address

How did you find out about our clinic?



Please indicate your area or areas of pain and discomfort using a cross or crosses on the above diagrams and rate your level of pain from 1 -> 10 where 10 is the highest level of pain imaginable.

Confidential Medical Information

Name.....

Any information given by yourself will be held in confidence and not released without your written consent.

Do you have a diagnosed heart condition or history of heart disease? (including rheumatic fever) Yes/No

Do you have vascular disease? (chilblains, varicose veins, etc) Yes/No

Do you have a bleeding condition or take blood thinning medication? Yes/No

Do you have diabetes or a family history of diabetes? Yes/No

Do you have any infectious diseases such as hepatitis or HIV? Yes/No

Do you have any diagnosed kidney or liver disease? Yes/No

Do you have asthma? Yes/No.....

Do you have epilepsy? Yes/No.....

Have you seriously injured or suffered recurring injuries to your lower back, hips, or knees? Yes/No

Have you had any relevant surgical procedures? Yes/No

Have you seen a podiatrist before or had treatment for any lower limb pain or injury? Yes/No

Do you take any prescribed medication? Yes/No - If yes, please list below
.....
.....

Do you have any allergies? Yes/No – If yes, please list below
.....
.....

Do you have any other medical conditions? Yes/No – If yes, please list below
.....
.....

Consent for the Collection of Personal Information by Heal Podiatry

Heal Podiatry needs to collect information about you for the primary purpose of providing a quality service to you. In order to thoroughly assess, diagnose and provide therapy, we need to collect some personal information from you. If you do not provide this information; we may be unable to treat you. This information will also be used for:

- a. The administrative purpose of running the practice;
- b. Billing either directly through an insurer or compensation agency;
- c. Use within the practice if discussing or passing your case to another practitioner within the practice for your ongoing management;
- d. Disclosure of information to your doctors, other health professionals to facilitate communication and best possible care for you; and
- e. In the case of insurance or compensation claim it may be necessary to disclose and/or collect information that concerns your return to work to an insurer or your employer.

We do not disclose your personal information to overseas recipients.

Heal Podiatry has a Privacy Policy that is available on request and is available in the waiting area. That policy provides guidelines on the collection, use, disclosure and security of your information. The Privacy Policy contains information on how you may request access to, and correction of, your personal information and how you may complain about a breach of your privacy and how we deal with such a complaint.

To ensure the process of quality treatment provision, information about your assessment results and progress may be given to relevant other service providers, who are involved in your management. These may include your General practitioner, specialists, allied health practitioners, or in the case of compensation claims – insurers, solicitors or employers.

I, _____, have read the above information and understand the reasons for the collection of my personal information and the ways in which the information may be used and disclosed and I agree to that use and disclosure.

I understand that it is my choice as to what information I provide and that withholding or falsifying information might act against the best interests of my assessment and therapy progress.

I am aware that I can access my personal and treatment information on request and if necessary, correct information that I believe to be inaccurate.

I understand that if, in exceptional circumstances, access is denied for legitimate purposes, that the reasons for this and possible remedies will be made available to me.

I have been provided with or have been given an opportunity to obtain a copy of Heal Podiatry's privacy policy.

Signed Date