

Child  Adult

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Male/Female/Gender Fluid (please circle)

D.O.B: \_\_\_\_\_ Private Health: \_\_\_\_\_ Pension card #: \_\_\_\_\_

Medicare #: \_\_\_\_\_ Expiry date: \_\_\_\_\_ DVA #: \_\_\_\_\_ colour: \_\_\_\_\_

Compensation arrangement: TAC / Work Cover/ Other (please circle)

Address: \_\_\_\_\_ Suburb/State/Postcode: \_\_\_\_\_

Phone: (H/W) \_\_\_\_\_ (M) \_\_\_\_\_ Email: \_\_\_\_\_

Occupation/School Year \_\_\_\_\_ Name of Referee: \_\_\_\_\_

Patient's General Practitioner's Name, Address & No: \_\_\_\_\_

### Emergency contact details (Parents names for child patients)

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: (M) \_\_\_\_\_ Phone: (M) \_\_\_\_\_

(H/W) \_\_\_\_\_ (H/W) \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

### CONSENT TO PODIATRY

There are risks associated with all health care procedures, which you should be informed about. Please read the following carefully:

1. I have had the opportunity to discuss the proposed care with \_\_\_\_\_. I also acknowledge that I have had the opportunity to ask questions about the nature, extent and purpose of the proposed podiatric care and that I have been given sufficient time to make a decision about giving consent for the care to proceed.
2. I acknowledge that I am aware of and understand the potential risks with the proposed care.
3. I do not expect the practitioner to be able to anticipate all potential risks and complications associated with the proposed care.
4. I hereby acknowledge my consent to the performance of the proposed podiatric treatment by the above mentioned Podiatrist and I understand that I can withdraw consent at any time.

### PRIVACY AGREEMENT

I understand that Agile Podiatry complies with the Privacy Act (1988) and as a part of their privacy policy the clinic is committed to protecting the privacy of individuals and their personal information.

An authorised signatory by an individual and/or next of kin or guardian would give consent to Agile Podiatry to collect, use, store and dispose of my personal information. This would include the release of relevant information to other health professionals to provide quality health care. I give consent for my personal information being released to my prospective employer, their authorised representative and their insurer in the case of work related consultation or service. I understand I can withdraw my consent for Agile Podiatry to use and disclose my personal information (except when legal obligations must be met).

Patient's Name (printed) \_\_\_\_\_

Patient's Signature \_\_\_\_\_ Dated: \_\_\_\_\_

(Parent or Guardian to also sign if patient is dependent and under 18 years of age)

# Agile Podiatry

## New Patient Form

Child  Adult

### Medical Conditions Form (please tick appropriate box)

#### Family Medical History

##### (Parents / Grandparents / Siblings)

- High blood pressure
- Asthma
- Diabetes
- Heart/vascular disease
- Arthritis
- Thyroid problems
- Cancer
- Alcoholism

#### Lifestyle and General Health

- Current or previous smoker
- Recreational Drugs
- Recent stress or worry
- Diet?
- Do you take supplements/remedies?
- Current regular exercise?
- Sleep

#### Systems Review

##### Cardiovascular Health

- Chest pain
- Shortness of breath
- Swelling around feet, ankles or hands
- Burning sensations in arms or legs
- Numbness, tingling or pins & needles
- feelings of weakness in arms or legs
- Heart Palpitations
- Loss of consciousness

##### Respiratory Health

- Persistent cough
- Asthma
- Previous pneumonia or tuberculosis

##### Gastrointestinal Health

- Difficulty swallowing
- Heartburn, reflux or indigestion
- Abnormal or irregular bowel habits
- Unexplained weight loss/gain
- Abdominal pain
- Bloating
- Vomiting
- Hypo/hyperglycaemia
- Changes in bowel habits

##### Genitourinary (Female)

- Change in bladder habits
- Irregular &/or painful Periods
- Number of pregnancies \_\_\_, Children \_\_\_
- Difficult births

- Pelvic pain
- Menopause
- Hormone replacement therapy

##### Genitourinary (Male)

- History of hernia
- Change in bladder or bowel habits

##### Central Nervous System

- Headache
- Migraine
- Difficulty with balance
- Dizziness
- Altered sensation
- Changes in vision/hearing

##### Endocrine

- Tremors in hands
- Excessive thirst
- Swelling in the neck

##### Ear, Eye, Nose & Throat

- Recurring infections
- Sinus pain
- Visual disturbances
- Deafness
- Ringing in the ears
- Ulcers
- Tooth removal

##### Developmental (child patients)

- Behaviour
- Crawling
- Talking
- Walking
- Current Weight cm.....
- Current Height cm.....
- Head Circumference cm.....

##### Miscellaneous

- Diagnosis of any conditions such as; MS, parkinsons disease, celiac disease, IBS,

List: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_