

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) _____

Agile Podiatry

New Patient Form

Child **Adult**

Patient's Signature _____

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

Dated: _____

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: _____

