

# Patient Information



As with most clinical facilities, it's vital that we hold certain details about you so please complete the following information. All of our records are held in line with the General Data Protection Regulation 2018, and you can read more about how we manage information by visiting our website and having a look at our Privacy Policy.

Your contact information			
Title & Name			
Date of Birth		Occupation	
Telephone		Mobile	
Email Address (Please write clearly)			
Address			

Your doctor, and your next of kin	
GP Surgery	
Next of kin and contact information	

Privacy Policy and Referral Source			
We feel it's important to contact you from time to time to follow up on treatment, appointments, and also to let you know about things that might support your overall wellbeing as a patient at TTS Health Group Ltd. Please tick in the box to the right that you're happy for us to do this.			
Clockhouse Podiatry is owned by TTS Health Group. To support our administration processes, have you previously visited Total Therapy Studios for treatment or classes at either Denne Parade or Carfax?			
How did you hear about us?		Do you follow us on social media? If so which platform?	

Communication and Appointment Management
<p>In order to support the smooth running of the practice, we will communicate with you around appointment bookings, along with reminders around these appointments. The most effective way to do this is via email, however we respect that not all of our clients use this. Therefore, please let us know if you would like to receive additional communication to remind you of appointments, such as calling you before your appointment (regrettably we are unable to use SMS text messaging).</p> <p>Like most practices, we are keen to support as many patients as we can. Therefore if appointments are not attended as booked, or are cancelled with less than 24 hours notice, then regrettably the full cost of the treatment may be charged. This again supports the smooth running of the practice, and allows us to provide treatment to all patients who may require our services.</p>

# Medical / Clinical Information



Your Podiatrist or Foot Health Practitioner needs to have a full understanding of your medical history to treat and maintain your foot health. Please keep us informed of any changes to your health or medication if they occur, even if you feel they may not be relevant to the treatment that you may be receiving when you visit us.

## GP Surgery (please let us know your doctors name too if you know it).

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## Medication (both prescribed and non-prescribed)

Medication	For condition?

## Medical and clinical history

Condition?	Circle yes or no	Details if appropriate
Heart trouble / chest pain?	YES / NO	
Have you had rheumatic fever?	YES / NO	
Jaundice?	YES / NO	
HIV/Hepatitis B/Hepatitis C?	YES / NO	
Bad reaction to anaesthetic?	YES / NO	
Any allergies?	YES / NO	
Blood disorders?	YES / NO	
Fainting, blackouts, or stroke?	YES / NO	
Diabetes?	YES / NO	
High blood pressure?	YES / NO	
Cancer?	YES / NO	
Mental health diagnosis or spectrum condition?	YES / NO	
Neurological condition including memory problems	YES / NO	
Blood clots / varicose veins / peripheral vascular disease	YES / NO	
History of leg or foot ulcers / numbness / delayed healing	YES / NO	
Any other condition not listed above?		

## Operations, accidents, or trauma (please provide approximate date)

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## Any other information you feel might be relevant?

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## TREATMENT CONSENT – Please read carefully

I understand that I am being treated by a Podiatrist or Foot Health Practitioner, and I confirm that I'm aware that during the course of this treatment they may use sharp medical instruments or blades. I also understand that I as part of my clinical record, photographs may be taken and stored in accordance with our privacy policy.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_