



REGISTRATION DETAILS

Please complete the following so that we can treat you safely and appropriately:

ABOUT YOU:

SURNAME	
FIRST NAMES	
DOB	
ADDRESS	
POSTCODE	

E-MAIL	
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TEL - mobile	
TEL - work	
TEL - home	

GP PRACTICE NAME	
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OCCUPATION	
SPORTS/ACTIVITIES	

ABOUT YOUR CONDITION:

<p>PLEASE DESCRIBE THE PROBLEM(S) THAT YOU ARE SEEKING HELP FOR. INCLUDE, FOR EXAMPLE, DURATION, INTENSITY, FREQUENCY, WHAT AGGRAVATES OR ALLEVIATES IT.</p>	<p>(continue on separate sheet if necessary)</p>
<p>WHAT TREATMENT HAVE YOU TRIED SO FAR?</p>	
<p>WHAT OUTCOME ARE YOU SEEKING/GOALS YOU HOPE TO ACHIEVE? (eg freedom from pain of ingrowing toenail, walk one mile without back pain, compete ultramarathon etc)</p>	

ABOUT YOUR HEALTH:

	circle	DETAILS
Known allergies	Y/N	
Prescription medication (remember to include blood thinners)	Y/N	
Have you had a heart attack, thrombosis or stroke	Y/N	
Could you be pregnant?	Y/N	
What operations have you had?		
Skin conditions?	Y/N	
Do you smoke?	Y/N	
Other medical conditions eg rheumatoid arthritis, diabetes, kidney disease.	Y/N	
Is there anything you would like to add?	Y/N	

DECLARATION:

The information given is full and accurate. I will inform you of any changes	Y/N
I have read and accept the information in the New Patient Letter and the Terms & Conditions below	Y/N
I consent to photo/video/tests/investigations as part of clinical examination and treatment	Y/N
I consent to being contacted for admin purposes eg reminders, reviews, invoices	Y/N
(space reserved for special circumstances)	Y/N
Please maintain my records for as long as is legally permissible (for continuity of care and clinical reflection) and then destroy them	Y/N

Terms & Conditions for Evolution Orthotic Systems Ltd t/a Rugby Podiatry Practice (Jan, 2021).

Your data: will be stored securely and not divulged to third parties. Our privacy policy is displayed in the waiting area.

Fees: Our aim is to offer a solution or improvement to your problem. Our fee-structure reflects the considerable experience, facilities, knowledge, training and cost of treatment: this represents its value rather than being measured on a time-basis alone. An indicative range of fees is outlined in the New Patient Letter. Specific care packages will be discussed separately where appropriate.

Appointments: We may request a deposit for longer appointments.

Missed Appointments: Missed appointments may be charged for in full.

Signed:	Date:	Name:
		Patient/parent/guardian