

## Patient Record

Title:

Full Name:

Telephone:

DOB:

Address:

Postcode:

Occupation:

Email:

Named GP / Surgery Address

### Known Medical Conditions:

Are you Pregnant

Gout

Allergies/Sensitivites

Hepatitis

Amputation(s)

High blood pressure

Burning, Tingling, Numbness

HIV

Cancer

Joint Replacement

Cardiovascular disease

Leg Cramps

Chronic Bronchitis/Asthma

Painful Neuropathy

Diabetes

Peripheral vascular disease

Epilepsy

Rheumatic fever

Excessive bleeding

Ulcers (past/present)

Other

Family History of any relevant illnessess

Current Medication

### Next of Kin

Name:

Address:

Relationship:

Phone:

## Consent Form

I understand it is a legal requirement that BlandineDavey(hereinafter referred to as “the foot health practitioner”) gains my consent to collect, store and use my personal information. All personal information collected is to identify me, properly assess, diagnose and treat me, and contact me between appointments by email, phone, text or letters. In the unlikely event of an emergency this includes my GP or the emergency services accessing my information.

I understand that If I cease to receive foot care, it is a legal requirement for my information to be held up to 7 years from my last appointment or the date of my 25th birthday if I am under the age of 18, before it will be destroyed.

I understand that my personal information is processed and stored electronically on a password protected cloud-base clinical software system in line with GDPR (General data protection regulation), and only accessible to the Foot health practitioner. My personal information will not be passed on to third parties.

I understand that certain foot care treatments carried out by the foot health practitioner involve a certain amount of risk, such as a cut. I understand that the injury could become more serious unless I take appropriate care to reduce the likelihood of infection as advised by the Foot health practitioner. I understand if I fail to immediately notify the foot health practitioner of an injury as a result from treatment, the Foot health practitioner will not be held responsible if an infection is to develop.

I understand that the practitioner may need to take photos of my feet/legs if deemed necessary in order to monitor progress/deterioration. These photos will be attached onto my record. The Foot health practitioner may also request to take before and after photos of my feet/legs for the purpose of advertising. The Foot health practitioner will always ask my permission and my identity will be kept anonymous. I understand that I can withdraw my consent at any time by contact-ing the Foot health practitioner.

I understand this is not an NHS or free service and I agree to pay the professional fees in full at the time of my appointment. I understand if I need to cancel an appointment, this will be no less than 48 hours before the appointment. Failure to do so, may result in a late cancellation fee or further bookings to be paid in advance at the Foot health practitioners discretion.

Patient Signature:

Date:

Parent/Guardian/LPA:

Date:

Lasting power of attorney document seen? (Please Click)    Yes    No

Signature:

Date:

## **Missed Appointment Policy**

A missed appointment is an appointment that you do not attend, are not at home during the agreed date and time or fail to provide less than 48 hours notice to cancel or reschedule.

On the booking of your appointment you will receive a confirmation text and/or email with the agreed date and time to attend.

Prior to your appointment, you will also receive a reminder text and/or email before your appointment date.

I understand that unplanned issues can come up and you may need to cancel an appointment. You can always leave a voicemail message, email or text, even if it is after normal working hours.

Arriving late Late arrival can impact the amount of time to attend to your feet. Please let me know if you are running late so I can manage accordingly. More than 15 minutes late is classed as a missed appointment.

Please note: Frequent missed appointments and/or cancellations will require a booking fee or full treatment fee prior to booking. This will be non refundable and non transferable if you miss your appointment as described in the statements above.

## Consent Form For ONYFIX Treatment



Required if you request onyfix treatment

Under the GDPR (General Data Protection Regulations) we are legally required to gain your consent to collect and use personal information about you. Please read the following carefully and sign the declarations if you consent to us collecting this information.

### Consent to Clinical Photography

I consent for photographs to be taken for clinical purposes and they will form part of my records. They may also be used for training purposes or research. will not be identified personally, if the pictures are shared as above.

Signature:

Date:

### Consent to Clinical Examination and Onyfix Treatment by a Podiatrist or Foot Health Practitioner

Description of procedure (to be completed by the Clinician)

#### Risks:

- Treatment may not work
- Discomfort on preparing the nail for application

#### Benefits:

- Resolution of the problem (partial or complete)

It has been explained to me that it will take several months to complete this treatment and that during this time, I may need to have another Onyfix band or bands applied to complete the treatment and that each one of these carries a separate charge.

## Consent Form For ONYFIX Treatment (Continued)

Alternative options discussed:

(Conservative management, other treatments no treatment at all)

Yes

No

I voluntarily consent for ONYFIX treatment by a Podiatrist or Foot Health Practitioner. The clinician treating me is fully trained and certified in this treatment. I understand that because of human variance it is not possible to guarantee the outcome of any medical care or service. As with all forms of treatment there are risks and benefits, as discussed. I agree to ask questions to clarify treatment should I not understand. I confirm that the details I have provided are true and correct to the best of my knowledge.

Signature:

Date:

### Privacy Policy

We need to collect some personal and medical information from you. This information may be used for:

- The administrative running of the practice.
- Billing, either directly or through a third party such as your insurance providers.
- Use within the organisation, when passing information to other clinical staff for your ongoing treatment and care.
- Disclosure of treatment and medical information to your other clinical treatment providers.

I understand that it is my choice what information I provide but that withholding or falsifying information might be detrimental to my treatment.

I consent to allow the clinic to collect further information related to my foot health care treatment, from other sources as necessary, including x-ray reports, medical reports etc.

Signature:

Date: