



THE SMAE INSTITUTE

DATE OF APPOINTMENT.....

Refer/one off/G:

MEDICAL HISTORY

SURNAME.....FIRST NAME.....DOB.....

OCCUPATION.....HOMEVIST/CLINIC.....AM OR PM.....

ADDRESS.....

.....POSTCODE.....

HOME NO,.....MOBILE.....EMAIL.....

EMERGENCY CONTACT INFO: NAME:.....TEL:.....

RELATIONSHIP TO PATIENT.....OTHER INFO.....

ARE YOU ON AN MEDICAITON PRESCRIBED BY YOUR DOCTOR? YES NO

IF YES, PLEASE PROVIDE DETAILS OF AND MG AND WHAT THEY ARE FOR:IE blood thinners.....

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YOUR GP NAME AND ADDRESS, TEL:.....

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Have you ever experienced any infections of the foot and/or toes that required attention and/or antibiotics ie Cellulitis/sepsis?

Have you suffered for any of the following? (Yes or no, if yes when?)

Have you any joint replacements

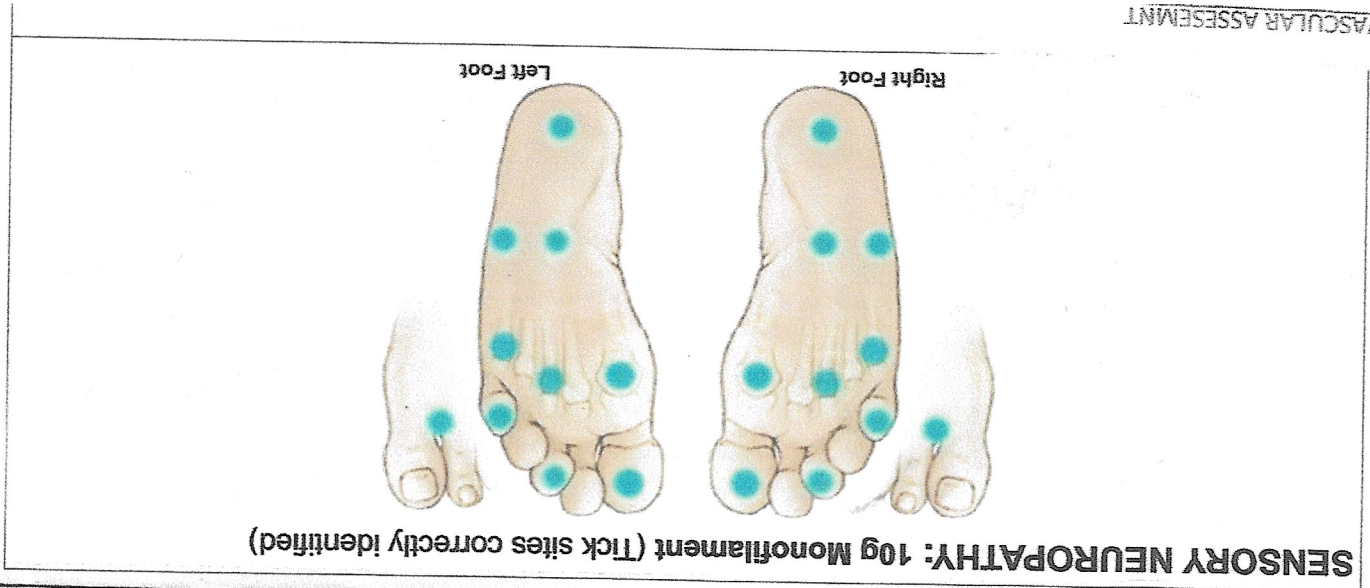
DiabetesH1A.....

Bronchitis/asthma/ smoker yes/no.....

Hepatitis /liver problems.....

High/low B/P.....

Additional Comments



Sensory Neuropathy: 10g monofilament (tick sites correctly identified)

VASCULAR ASSESSMENT

LEFT DORSALIS PEDIS

POSTERIOR TIBIA

RIGHT DORSALIS PEDIS

POSTERIOR TIBIA

OBSERVATIONS	Pulses	Temperature	Colour	Skin texture	Tissue	Ulceration
VENOUS	Normal	Normal (slightly cooler to touch)	Normal (pinkish tones)	Red, mottled, telangiectasia, hemosiderosis,	Thin, shiny, hair lost	None
ARTERIAL/ISCHAEMIA	Weak or absent	Normal or bounding	Warm or hot to touch	Scaling, blanche	Oedema with advance ischaemic atrophy	Oedema
		Cold (icy as digits)		Pitting or non-pitting	May occur to apices of digits	May Occur to medial

Allergies.....

Past or present Ulceration.....

Painful neuropathy.....

Any burning/tingling/numbness or pins & needles sensations.....

Heart attacks/pacemakers/stroke.....

Any other serious illness.....

In past 2 years have you been treated in last 2 years with corticosteroids/hydrocortisone?.....

issues with feet and what treatments have been tried out:.....

Tests to be conducted on FIRST appointment

DECLARATION

I agree to provide the Foot Health Practitioner with my address and contact details, as well as details pertaining to my medical history (inclusive of current medications that I take). I understand that these details are essential to the Foot Health Practitioner being able to safely tend to my foot care needs. I understand that these personal details will be processed by the Foot Health Practitioner and will only be accessible by the Foot Health Practitioner attending my treatment, with the Foot Health Practitioner acting as data processor. My personal details will not be processed or accessed by any other persons. I understand that my details will not be passed to any third parties. I agree that in the event of a medical emergency, my GP can be contacted and that any emergency services may access my clinical records in such an event. I understand that my details will be retained for a period of up to 7 years after my last appointment (or the date of my 25th birthday if my last appointment was attended whilst I was under the age of 18) before they will be destroyed. By signing this agreement, I provide consent for ongoing foot care in line with my clinical needs. Treatments will be explained to me by the attending clinician and that I will seek clarity from said clinician if I am in any doubt/have any concerns related to this treatment.

I understand that in the unlikely event that I suffer a minor injury, such as a cut, during a treatment then there are some simple precautionary steps that ought to be taken to prevent infection. I understand that it is possible that the injury could become more serious unless I take appropriate care. Any such incident will always be recorded at the time. I agree that if I feel that there has or may have been any injury as a result of a treatment then I will ensure that I notify the Foot Health Practitioner at the time and will seek the clinician's advice on any aftercare precautions that may be necessary. If I am in any doubt as to whether I have suffered an injury, I will consult the clinician. I accept that if I do not notify the clinician at the time, then it may be impossible to identify the cause of an infection and too late to take simple precautionary steps. The Foot Health Practitioner will not be responsible for the consequences of a failure by a patient to immediately notify any possible injury. The Foot Health Practitioner operates a 'zero tolerance' policy against any threatening or abusive behaviour and in such instances will terminate treatments.

Signature of Patient: **Date:**

Print of name

(Consent to treatments)

For Children under 18 years of age

Signature and consent of Parent/Guardian: **Date:**

Cancelation Policy: I know emergencies and situation beyond our control can sometimes happen. I can assure you that I will always be understanding and sympathetic, but it is very difficult to fill an appointment last minute. To keep running smoothly and in fairness to others we would greatly appreciate 48/24 hours' notice of any cancellations of alterations to your appointment.

Appointments missed or cancelled with less than 48/24 hours notice are subject to a minimum charge of 50% of the treatments fee or 100% if no notice is given.

Signature of Patients: **Date:**