

SPORTS AND STRUCTURAL PODIATRY - NEW PATIENT CONSENT FORM

Surname: _____ Given Name: _____ Preferred Name: _____

If under 18: Parent's / Guardian's name: _____

Address: _____

Suburb: _____ Postcode: _____ Date of Birth: _____

Phone: Home: _____ Mobile: _____ Work: _____

Email: _____

Medicare Number: _____ Individual Reference Number: _____

Private Health Insurance with 'Extras' cover for Podiatry: Yes/No Name of Provider: _____

Occupation: _____

In case of Emergency: _____ Phone: _____

General Practitioner: _____ Practice: _____

Please circle: How did you hear about us?

Google / Website / Family & Friends / Athletes Foot / Health Professional / Walk In / Other _____

What is the main reason for coming here today? _____

Medical History

Please circle: Do you have or have had any of the following? Hepatitis A, B or C / Diabetes / Heart Conditions / Gout / Osteoarthritis

Rheumatoid Arthritis / Osteoporosis / HIV or AIDS / Stroke / Epilepsy / Other _____

Allergies: - _____

PRIVACY CONSENT

It is a legal requirement that we gain your consent if we collect and use your personal information.

In order to properly assess, diagnose and treat you, Sports and Structural Podiatry needs to collect personal and medical information which may be used for the following purposes: -

- Practice administration and Billing
- Sharing of information with clinical staff for ongoing care
- Disclosure of treatment and medical information to your clinical treatment providers

DECLARATION / PODIATRY TREATMENT CONSENT

I have read the above information and understand the reasons Sports and Structural Podiatry collect my personal information and how it is used. I'm aware that it is my choice what information I provide, however I also understand that withholding information may be detrimental to my treatment. I understand there may be a need to collect further information from other sources such as radiography reports and/or medical reports. I am aware that I can access and/or correct my personal and treatment information on request.

I understand that I am financially responsible for any balance due on my account.

I consent to podiatry treatment being undertaken by the podiatrist. I understand that all treatments will be explained before being administered. I understand that I can verbally withdraw consent at any time.

AI CONSENT

I consent the practitioner to use a medical artificial intelligence program to clinically document my appointments.

Signed: _____ Date: _____