

PODIATRISTS are universally recognised as the professional experts in the assessment, diagnosis and treatment of the human foot and associated structures through the use of medical, surgical and biomechanical means.

University trained, podiatrists are focused on the immediate and long term management of familiar problems affecting the foot and gait (walking) patterns, many of which underlie common degenerative conditions of ankle, knee, pelvis and spine.

SURNAME \_\_\_\_\_ GIVEN NAMES \_\_\_\_\_ DATE / /

YOUR FULL ADDRESS \_\_\_\_\_

\_\_\_\_\_ POST CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ MOBILE PHONE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ OCCUPATION \_\_\_\_\_

HEALTH FUND \_\_\_\_\_ ID NO. ON CARD \_\_\_\_\_

EMAIL \_\_\_\_\_

SEX MALE  FEMALE  Referred By \_\_\_\_\_

Complaints and Symptom/s \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medical History, General Health, Accidents, Operations, Illnesses \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Medication/s  
(provide a list if necessary) \_\_\_\_\_

General Practitioner: \_\_\_\_\_

Parent/Guardian (if  
relevant): \_\_\_\_\_

Should I have to cancel an appointment for any reason, I agree to give the clinic 24 hours notice.

**I understand that I am responsible for missed appointments and will pay fees relating to missed appointments.**

Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_

Patient's Name \_\_\_\_\_