Mitch's
PODIATRY

New Client Form

Full Name: **Preferred Name:**

Residential Address:

Is the street number visible from the road?
Best way to access property:
Number of occupants in the house & relationship to client:
Any pets? If so, how many are in the house?

Date of Birth: **Contact Number:**

Email Address:

Medical History:

Allergies: **Smoker?**

General Practitioner/GP Clinic: **Clinic contact number:**

Emergency Contact (Full Name + Relationship to Client + Contact number):

Please read the following:
I confirm that the above information is correct to the best of my knowledge today. I give consent for podiatry services/treatment/assessments to be performed. Selected information may be disclosed to other health professionals who are involved actively in your ongoing and future healthcare needs. We reserve the right to cease treatment if the environment deems necessary. We understand emergencies happen. Please allow us 24 hours notice so that we can arrange to care for another client. It will also help you to avoid the fee for late notice charges to your appointment.

Signed: **Date:**