Mitch's Podiatry

Patient Intake Form

We accept both EFTPOS and cash payments.
Unfortunately we are unable to accept Private Health Cover or Work Cover at present time. However, we are able to provide you with receipts of service and anything else you may require to claim reimbursment of services yourself.

Personal Information

Full Name:

Preferred Name:

Date Of Birth:

Phone Number:

Email:

Residential Address:

Additional Information: *Ie. What is the best way to access the propery? Is the street number visible from the street? Any other occupants? Any pets? If so, how many? Are they friendly?*

Home Care Package: ☐

NDIS: ☐

DVA: ☐

Medical History

Pre-Existing Medical Condition/s:

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Smoker? YES / NO	If yes, how many per day?

Allergies:

Prescribed Medications (dosage and frequency):

Non-Prescription/Alternative medicines or treatments:

General Practitioner/GP Clinic:

Clinic Phone Number:

Main reason for referral:

Need more space? There is extra room on the following page for additional medications, relevant personal information, or anything else you'd like to tell us prior to your appointment.

Emergency Contact Information

Full Name:	**Preferred Name:**
Relationship to patient:	**Phone Number:**

Alternate contact (if applicable):

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Additional Information:

We understand emergencies happen. Please allow us 24 hours notice of cancellation prior to your appointment so that we can arrange to care for another patient. It will also help you to avoid the fee for late notice charges to your appointment.

Consent

Please read the following;

I _____ (patient/legal guardian) 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.

Please tick box if you agree with the above statement. ☐

Patient Signature:	**Date:** / /
Carer/Guardian Signature:	**Date:** / /