

## GDPR & Treatment Consent Form

I ..... (The patient), understand that I am to be treated by a Podiatrist and I confirm that:

- I have received a copy and explanation of my Treatment Advice & Plan form.
- I am aware that Podiatrists may use medical instruments including nail nippers, scalpel, files, and burrs and of the associated risk as detailed on my Treatment Advice & Plan form.
- My treatment has been explained to me and I consent to that treatment.
- The Podiatrist has explained to me why my information has been collected and how it will be used.
- I agree with the Aegis Podiatry terms of service.

I am happy to be contacted for podiatry related communications. (Please circle all relevant ):

Phone      Text      Email      Post

Signed ..... D.O.B .....

Date ..... (Photographed for patient records)

Your Podiatrist will be happy to explain any points that you may be unsure about.



Treatment Advice and Plan. Patient name:

DOB: / /

Details of treatment provided & any advice given

Podiatrists use sharp instruments such as nail clippers and scalpels meaning there is a small risk of cuts to the skin, bleeding and, on rare occasions, the possibility of infection.

Following your appointment, if you have any concerns about your treatment for example, excessive pain, bleeding or possible infection, **you must contact your Podiatrist or the out of hours number within 24 hours of your concerns arising**. This way we can provide a prompt resolution in the form of advice or a follow up appointment to address the problem.

Please be aware, appointments booked to address concerns after your treatment, where the issue has not been communicated to the practice in a timely manner, may be charged at the usual rate.

*Have any feedback for us? Please help us improve by visiting TrustPilot today:*

<https://uk.trustpilot.com/review/www.aegispodiatry.co.uk>

Podiatrist Signature:

Patient Signature:

Date:

