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| Title: | First Name: | Last Name: |
| Date of Birth: ___ / ___ / _____ | | Gender: Male / Female |
| Home Ph: | Work Ph: | Mobile Ph: |
| Email Address: | | |
| Address: | | Post Code: |
| Occupation: | | Usual GP: |
| Main reason for booking an appointment: | | |
| How did you hear about us: Advert / Yellow Pages / Friend / GP / Physiotherapist / Google / Website / Signage / Other: _____ | | |
| I wish to be notified of appointments (reminders) by: Text / Email / Both / None | | |
| I wish to receive Email receipts and invoices to me: Yes / No | | ACC 45 Injury: _____ Date of Injury: ___ / ___ / _____ |
| Current or past illnesses: | Current medication(s): | |
| Allergies: | | |
| Any other medical information you wish to provide: | | |
| I consent to a photo taken of my feet for Complete Feet Podiatry to include in my records: Yes / No | | |

All information recorded in your medical records will be kept confidential in accordance with the Privacy Act. Under the Privacy Act, you have the right to access, and the correction of your personal records held by our practice. No information will be given to any third party without your consent. It is acknowledged that I consent to receiving periodic email updates and understand that under no circumstances, will my address be made available to third parties of any kind (Unsolicited Electronic Messages Act 2007). I understand that I can unsubscribe anytime.

I _____ give my consent to the Podiatrist to use the technique that she feels applicable to my condition as long as all relevant aspects concerning the techniques/treatment to be done have been verbally explained to me.

I have the right to decline part or all of the treatment that the Podiatrist offers to me at any time. I have the right to a second opinion.

I understand that settlement of the account at the end of each treatment session would be appreciated. An administration fee of \$ _____ will be added to my account if older than **7 days**. All overdue accounts will be handed over for debt collection, and I shall be responsible for payment of all costs and expenses incurred by either a solicitor or debt collection agency to recover any overdue payment.

Charges may include ACC part payments or material costs. If the claim is declined by ACC, I understand that I will be responsible for payment of the surcharge.

I will make all attempts to notify the clinic at least 24 hours in advance if I am unable to attend an appointment. I understand that if I do not give notice, there will be a late cancellation fee (50%).

Signature: _____

Date: _____