Shop 6/148 Wattletree Road
Malvern VIC 3144
Phone : (03) 9509 1788
Fax : (03) 9509 1780

MALVERN PODIATRY

New Patient Information Form

Your Name

Title – eg Mr, Mrs, Ms, Miss, Master

Surname or family name

Given name[s]

Your Address

House / Unit / Street Number

Street

Suburb

Postcode

Your Contact Information

Home Phone

Mobile

Work Phone

Email

Your Doctor

Doctors's Name

House / Unit / Street Number

Street

Suburb

Postcode

Contact Phone

Insurance

Do you have a Pension Health Card? NO ☐ YES ☐ if YES then complete below

Pension Card Number

Do you have Private Health Cover? NO ☐ YES ☐ if YES then complete below

Fund Name

Do you have a DVA Gold Card? NO ☐ YES ☐ if YES then complete below

DVA Card Number

Please turn over

General Information

How did you hear about our clinic?

☐ Yellow Pages ☐ Advertisement ☐ Referred by a friend ☐ Website

Health Professional / Other (please specify) _____

About You

Date of Birth ☐☐ / ☐☐ / ☐☐☐☐

Height ☐☐☐ cm **OR** ☐ foot ☐☐ inches

Shoe Size ☐☐

Are you receiving or have you received medical treatment for any of the following?

☐ Diabetes	☐ High blood pressure	☐ Epilepsy	☐ Leg ulcers
☐ Poor circulation	☐ Heart ailments	☐ Asthma	☐ Ingrown toenail
☐ Kidney disease	☐ Excessive bleeding	☐ Hepatitis	☐ Any infectious disease
☐ Tinea	☐ Warts	☐ Leg cramps at night	☐ Other

If Other, please supply further details

_____

_____

Do you smoke? **NO** ☐ **YES** ☐

Do you have any ALLERGIES? **NO** ☐ **YES** ☐ if YES then please specify below

_____

_____

I have made this appointment about my feet because…

_____

_____

DECLARATION

I believe that the information I have given above is accurate. I accept the conditions of treatment.

_____ ☐☐ / ☐☐ / ☐☐☐☐

Signature of patient / guardian Date

CONDITIONS OF TREATMENT

Payment is required on the day of consultation. Should payment not made on the day I acknowledge I will pay all additional account fees and charges that may be incurred until account is paid in full. A parent or an adult guardian must always accompany and sign for a child or any children under the age of 16. *HICAPS is not always available as the transaction requires magnetic strip on card to be functioning. (keying in card number is not permitted.) Pension Health Card, DVA Gold Card or Private Health Fund Card are required to be presented on each visit.