PATIENT QUESTIONNAIRE

These details must be completed as a minimum prior to an appointment

First Names

Surname

Title

Male/Female

Introduced by

Previous Name

Date of birth

Home Address

Street

City

Post Code

Home Tel

Work Tel

Mobile

Email

Work Details

Occupation

Employer

Address

Post Code

Doctors Details

Name

Telephone

Surgery

Post Code

Please ALWAYS update your chiropodist on any changes. Thank you for completing the questionnaire.

C2 Feet · Unit 32 · 2nd Floor · Barton Arcade · Deansgate · Manchester · M3 2BH
t 0161 833 2233 · **e** info@c2feet.co.uk · www.c2feet.co.uk

MEDICAL QUESTIONNAIRE

These details must be completed as a minimum prior to an appointment

Foot Care

We require the completion of this section to allow our professional team to have a full understanding of your medical history prior to your initial appointment. Answers that you provide in this section will remain confidential.

Please tick all boxes relevant to you.

Are You?

- Likely to be pregnant
- Taking steroids (or have in the last 2 years)

Have you ever had?

- Rheumatic Fever
- Jaundice
- Hepatitis
- Trouble with your heart or chest
- A bad reaction to local/general anaesthetic
- Hospital operation
- Joint replacement

Details

Do You?

- Suffer from any allergies
- Suffer from blood disorders
- Have fainting attacks/blackouts
- Have diabetes

Are you taking any medication (if so state below)

Signature

Date

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