Margareth Sackett MSSCh MBChA
Qualified Chiropodist
Registered Member of the British Chiropody Association
Health & Care Professions Council Registered (CH18023)

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Medical History Form

	YES	NO		YES	NO
SMOKER (OR USED TO SMOKE)?	☐	☐	ALLERGIES?	☐	☐
DIABETIC?	☐	☐	HIV POSITIVE?	☐	☐
ASPIRIN/WARFARIN/BLOOD THINNERS?	☐	☐	ASTHMA?	☐	☐
STEROIDS?	☐	☐	HAVE YOU EVER TESTED POSITIVE FOR COVID 19?	☐	☐

Your name ..... **DOB** .....

Address .....

..... **Tel.** .....

Email ..... **Mobile** .....

Next of Kin details .....

Name & Address of GP Practice .....

.....

Have you suffered from:

	YES	NO		YES	NO
EPILEPSY?	☐	☐	BACK PAIN?	☐	☐
HEPATITIS?	☐	☐	KNEE PAIN?	☐	☐
ARTHRITIS?	☐	☐	HIP PAIN?	☐	☐
RHEUMATOID ARTHRITIS?	☐	☐	HAVE YOU EVER HAD SKIN CANCER? or have a history of it in the family?	☐	☐
HIGH OR LOW BLOOD PRESSURE? (if yes, please circle High or Low here)	☐	☐			

ANY OTHER SERIOUS ILLNESSES/MEDICAL CONDITIONS, OR JOINT REPLACEMENT SURGERIES? Details

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LIST ANY PRESCRIBED MEDICATION YOU ARE CURRENTLY TAKING

.....

Please use the back of the page if more space is required, or attach a list of your medication

PLEASE NOTE all details are strictly confidential and will not be shared with a third party unless there is a legal or statutory obligation to do so, such as where a patient's doctor and/or medical care team has to be informed.

The General Data Protection Regulations (GDPR) that came into effect on 25 May 2018, require that patient's NOK or Carer should agree to chiropody treatment and also give consent for chiropodist (Margareth Sackett) to collect and store necessary personal/medical details in order to proceed with treatment .

Signature ..... Date .....

PRINT NAME .....

In the case of a patient being unable to give consent a NOK or Carer should sign on the patient's behalf