

Title:  Full Name:  Date of Birth:

Address:

Mobile Number:  Home Telephone Number:

How did you hear about the practice? Friend/Family  Leaflet  internet/Website  Social Media  Google

Other, please specify

GP Practice:

Data Consent:

**Please note if you do not consent we will be unable to carry out any assessment or treatment.**

If you consent to be treated by a podiatrist which may include use of sharp instruments to carry out safe and effective treatments including scalpels to remove hard skin and corns please tick here:

We collect certain data from you to meet mandatory requirements regarding medical notes. There is a legal requirement to keep medical notes for a period of time after treatment. This can vary in length depending on your age and ability to consent but will be for a minimum of 7 years. Your details will be destroyed after this period.

If you consent for your details to be used for these purposes please tick here:

There may be occasions where we may want to share information with your General Practitioner with your permission. If you consent for your details to be used for these purposes please tick here:

We also collect data to assist in the administration of our business to provide you with an efficient service. We would like to use your contact details to assist with the administration of your appointments /changes to scheduled appointments and/ or reminders about appointments. To further enhance our service to you, we would like to be able to update you on any information regarding the practice. If you consent for your details to be used for these purposes please tick here:

We take your privacy seriously and will take all reasonable steps to ensure the protection of your data. Please note that your right to be forgotten cannot override the legal requirement to keep medical notes for the mandatory period. You can request a copy of any data held on you using the details at the bottom of this form.

Signed (Patient/ Persons with parental/legal responsibility)

Date:

Relationship to patient (it applicable)

**Practice Details**