

## CONFIDENTIAL MEDICAL HISTORY

To provide safe and effective treatment the podiatrist needs to know your medical history. This information will remain confidential and will only be used in accordance with the Data Protection Act and HCPC rules

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

If you are attending or receiving treatment from a doctor, hospital or other practitioner please give details:-	
Medications (prescription or non prescription)	
Diabetes	
Endocrine	
History of leg or foot ulcers	
Neuropathy (loss of sensation)	
Epilepsy	
Cancer	
Rheumatoid arthritis	
Heart disease/angina/heart attack	
Pacemaker	
Rheumatic fever	
High or low blood pressure	
Blood clots (DVT,embolism)	
Abnormal bleeding after surgery	
HIV/Hep B/Hep C	
Delayed healing/sepsis	
Previous foot or nail surgery	
MRSA	
Surgery	
Fainting	
Hepatitis/jaundice/renal disease	
Neurological conditions	
Memory problems	
Skin problems i.e.eczema, psoriasis	
Fractures	

Joint replacements	
Back problems	
Any falls in the last 6 months	
Respiratory conditions i.e asthma, COPD	
Ongoing long COVID Symptoms	
Current or ex smoker	
Mental health diagnosis	
Spectrum conditions i.e. Autism	
Genetic condition i.e Downs syndrome	
Vision or hearing problems	
Units of alcohol per week	
Pregnant	
Allergies/Sensitivities	
Do you have carers	
Any medical conditions not mentioned	

Patients signature .....Date.....

Podiatrist signature.....Date.....