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L12	



If possible please complete this medical history form and bring it with to your appointment.

Title	Mrs/Miss/Ms/Mr	
Full Name		
Date of Birth		
Address		
City		
County		
Postcode		
Home Telephone		
Mobile Telephone		
Email		
Emergency Contact		
Occupation		
General Practitioner		
GP Address		
GP Telephone No.		
Current Podiatrist/Chiropodist		
Current Medical Conditions		
Are you pregnant?	Please contact us if you are.	
Do you have Diabetes?		
Any Circulation Disorder?		
Do you have Psoriasis?		
Do you have any allergies?		
How long have you had the infection for?		Have you seen anyone else about it?
Current Medication		
Where did you hear of this Treatment?		
Signature		
Date		
Method of Payment	Cash	Credit Card Finance

