

Welcome to



We Need Your Help

To ensure we provide you and our other valued clients with the best possible care, please follow a few simple steps:

- 1. Please be on Time:** To allow time to check in & to keep our clinics running smoothly for the benefit of all our clients, please arrive 5-10 minutes before your appointment. Our clinics are often busy & if you arrive late this may reduce the time available for your care and increase the wait for people with appointments after your own. Generally if you are more than 10 minutes late our Podiatrists will ask you to reschedule.
We will do our absolute best to not keep you waiting also.
- 2. Wear loose clothing** – We recommend that you wear loose, comfortable clothing that allows easy access to your feet & legs for examination & treatment.
- 3. What to bring to your appointment** – If you have any referral letters, X-ray/ultrasound/MRI/CT or pathology reports, please bring them with you. It is also useful to bring footwear that you wear regularly & any old orthotics that you may have been prescribed.
- 4. Will you be claiming from any benefits?** - You will need to bring a valid referral if you will be claiming benefits from a third party such as Medicare, DVA, MAIB or WorkCover. ***Make sure you have provided us with any claim numbers or paperwork prior to seeing your Podiatrist.*** If you are claiming from a private health fund please bring your card, you do not need a referral for this.
- 5. Pay at the time of your appointment** – fees for all clients are to be ***paid at the time of consultation.*** Any third party client's invoices are sent directly to the third party. Should any third party claims be rejected for any reason, all invoices become the responsibility of the client.
- 6. We Appreciate Your Feedback** – following your appointment ***you will be sent a link to an online anonymous short feedback survey*** where you get the chance to let us know how our admin team and therapists managed your care. Your input is highly valued so that we can continue to improve our service.

Conditions of Treatment

I understand that there are fees and charges for all services provided and payment is made on the day. A copy of our general fees can be provided on request. We require **24 hours' notice** for appointment cancellations.

All missed appointments will attract a fee, (at the discretion of Management).

For insurance claims and third-party billing: I hereby acknowledge and understand that should my claim be rejected in any way that I will be responsible for payment of accounts for any and all services received.

I consent to Footprints Podiatry contacting relevant third parties in relation to my ongoing care and treatment such as my GP where necessary to assist with my ongoing treatment.

Clients Name: _____ **Date:** _____

Clients Signature: _____

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Patient's name:

Mr / Mrs / Ms / Miss / Mstr
Given name Surname

Address:
.....

Birth Date:/...../..... **Occupation:**

Phone: Home ()..... Work ().....

Mobile: **Email:**

If filling in for child, parent's name:

Do you have private health insurance? **Yes / No** - If **yes**, which fund?.....
(Covering Podiatry)

Who is your General Practitioner or Family Doctor?

Do you have any allergies: **Yes / No** Comment:

Do you suffer from any of the following (please circle):

Diabetes High Blood Pressure Heart Condition Hepatitis

Epilepsy Gout Rheumatoid Arthritis Osteo Arthritis

Do you smoke? **YES / NO**

Please list any other medical conditions:

.....
.....

Please list any medication you are currently taking:

.....
.....

My reasons for visiting this clinic are:

.....

How did you hear about this clinic: