

## Welcome!

We are regulated and registered healthcare professionals who need to ask for certain medical information. This helps us make an informed diagnosis and treatment plan. Failure to disclose information could result in incorrect treatment being undertaken.

You are required to update us of any changes to your medical status at future appointments.

You are consenting to podiatry treatment which can include the use of sharp instruments. Whilst every care is taken, there is a slight risk of injury during treatment. Treatment also carries a very small risk of infection after treatment. Certain medical conditions may increase this risk.

Some treatments we offer will require further consent. This will be discussed if required.

You have the right to withdraw consent at any time. Always ask your podiatrist if you have any questions about your treatment.

We follow GDPR rules about the information we hold on you. Please ask us or see our privacy policy for more information.

### Yes, I consent to podiatry assessment and treatment.

Patient's surname .....

First name .....

Date of birth .....

Signed .....

Date. ....

---

**A witness should sign below if the patient is unable to sign but has indicated his/her consent. Parents of patients under the age of 18 should also sign here:**

Signed (witness/parent) .....

Print name ..... Date .....