

New client information

Who was it that referred you to see us here at Warrnambool Podiatry Group? (please tick)

- Family/friend _____
- Doctor _____
- Specialist/surgeon _____
- Physio/osteo/chiro _____
- Myotherapist _____
- Coach/trainer _____
- Website _____
- Google _____
- Other _____

Were you referred to see a certain podiatrist within our group?

- Bernadette Meade
- Zac Hook
- Ryen Nixon
- Jordan Foott
- Andrea Fulton

First/Surname Name: _____

Preferred first name: _____

D.O.B ___/___/___

Mobile: _____

Email address: _____

Address: _____ postcode _____

Do any of the following apply to you?

- DVA
- Private health if so, name of fund _____
- TAC claim
- Workcover Claim

Occupation _____

Emergency contact _____

Usual DR or clinic _____

The Main reason for your appointment
today_____

Do you have any medical conditions we should know
about?_____

Please read and sign the following:

I confirm that the above information is correct to the best of my knowledge. I give consent for podiatry services to be performed. I acknowledge that payment for services is required at the completion of my appointment.

Signed_____ Date____/____/____

We are going to enjoy being a part of your care in helping you to achieve your foot health goals 😊

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www.warrnamboolpodiatrygroup.com.au