

### New Client Information

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

- |  |  |
|--|--|
| <input type="checkbox"/> Family/friend                 | <input type="checkbox"/> Coach/trainer |
| <input type="checkbox"/> Doctor                        | <input type="checkbox"/> Website       |
| <input type="checkbox"/> Specialist/surgeon            | <input type="checkbox"/> Google        |
| <input type="checkbox"/> Physio/osteopath/chiropractor | <input type="checkbox"/> Facebook      |
| <input type="checkbox"/> Myotherapist                  | <input type="checkbox"/> Other         |

NAME: \_\_\_\_\_ D.O.B: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_ MOBILE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Do any of the following apply to you?

- DVA
- Private health (if so name of fund) \_\_\_\_\_
- TAC Claim (if so claim number) \_\_\_\_\_
- Workcover Claim (if so claim number) \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

USUAL GP/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 and helping you to achieve your foot health goals 😊*

03 55616866

[www.warrnamboolpodiatrygroup.com.au](http://www.warrnamboolpodiatrygroup.com.au)