

Ying Peng - Podiatrist

Patient Registration Form

Name _____

Date Of Birth _____

Address _____

Phone Number _____

Mobile _____

Email _____

GP or hospital clinic _____

Recent Illness _____

Medical History – Please circle Yes or No.

Diabetic	Y / N	Epileptic	Y / N
Arthritis	Y / N	Heart problems	Y / N
Rheumatic fever	Y / N	Thrombosis/V. Veins	Y / N
Previous fractures	Y / N	Implants / Prosthesis	Y / N
Back problems	Y / N	Neurological Illness	Y / N
Respiratory Illness	Y / N	Skin Condition	Y / N
Giddiness/fainting	Y / N	Anaemia / blood disorder s	Y / N
Hepatitis/Renal disorder	Y / N	High or low blood pressure	Y / N
Cysts / tumors / Cancers	Y / N	Infectious Disease e.g HIV	Y / N

Other Condition(s) _____

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Medical History – Continued

Previous Surgery _____

Smoker Y / N Pregnant Y / N

Medication _____

Allergies

Zinc Oxide ☐ Local or General Anesthetic ☐ Hay fever ☐

Medicines ☐ Food ☐ Plasters ☐ Penicillin ☐

Other ☐ Other _____

By signing this form I am registering as a patient with Ying Peng for foot treatment. I accept that she may store relevant details electronically for record keeping and communication purposes to help her provide relevant medical services and may make me aware of any relevant products and or treatments if appropriate.

Signed _____

Date _____

Instructions:

Please complete before your first appointment and bring with you!