

# PODIATRIC SURGERY CENTRE

## OZAN AMIR (FACPS)

### PODIATRIC FOOT SURGEON

Please take a moment to answer these questions as completely as possible. This information will assist us to provide the best possible foot care. As compliant with laws and code of conduct for podiatric surgeons all information will be kept private and confidential.

Today's date:

Title *(please circle one)* Miss / Ms / Mrs / Mr / Dr or Other

Surname \_\_\_\_\_ Phone (H) \_\_\_\_\_

Given names \_\_\_\_\_ Phone (W) \_\_\_\_\_

Date of birth \_\_\_\_\_ Phone (Mob) \_\_\_\_\_

Weight \_\_\_\_\_ Fax number \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Suburb \_\_\_\_\_

Post code \_\_\_\_\_

Health fund (or DVA) \_\_\_\_\_ Membership # (or file #) \_\_\_\_\_

What is your G.P's name? \_\_\_\_\_ Phone \_\_\_\_\_

Who referred you? \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

How did you hear about us? Please specify if different from above

What is the main problem you have presented to this clinic for assessment of?

Do you have any allergies? Particularly Iodine / Plaster / Tapings / Hay fever / Latex / Local anaesthetics / Elastoplast / Band-aids

Are you currently on any medication? Particularly Warfarin / Blood thinners / Cartia / Aspirin

Is there any medical history we should be aware of? Particularly Diabetes / Vascular / Nerve / Arthritis

**I understand that this information will only be used by my Podiatric Surgeon in the interest of my foot care. If any of the above information changes I will notify my Podiatric Surgeon.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**(If you have X-rays, ultrasound, MRI or other images/ reports, please bring them with you)**