

**Cambridge House Dorset Ltd**  
**Podiatry & Chiropody Practice**

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Exeter Friendly Provider  
HSA/SimplyHealth approved

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**New Patient Personal Information**

Podiatry is a medical treatment and therefore we have to ask for certain personal details. These are not shared with anybody else and are used for your medical record with us as per the Data Protection Act. If you have any queries regarding this form please ask a member of staff.  
Please ask a member of staff if you require assistance with these forms

**Full Legal Name:**.....  
**Title** (Mr/Mrs/Miss etc):.....**Known as** (if different from first name):.....  
**Gender** (Male/Female etc):..... **Date of Birth:**.....  
**Home Address:**.....  
.....**Postcode:**.....  
**Home Tel:**.....**Mobile Tel:**.....  
**E-mail Address:**.....  
**Occupation:**.....  
**GP Name & Practice:**.....

How did you hear about us?  
Personal recommendation  
Healthcare provider  
Google  
Social Media  
Walked past  
Other: .....

**Medical Details**

Podiatry is a medical treatment and therefore we have to ask for certain medical details. These are not shared with anybody else and are used for your medical record with us as per the Data Protection Act. If you have any queries regarding this form please ask a member of staff.

Please give us details of any medical conditions that you have. Please include any issues such as previous stroke, heart attack etc

Please give us details of any medications that you take

Please give us details of any surgeries that you have had

Please give us details of any allergies that you have

If they are pregnant, when are you due? .....  
Are you or did you use to be a smoker?.....

Should any of these details change in the future then please let your podiatrist know at their next appointment

Signed: ..... Date .....