

Practice details:

NEW PATIENT FORM AND GDPR CONSENT

Title: Full name: Date of birth:

Address:

Postcode:

Mobile number:

Home telephone number:

Email:

How did you hear about the practice? Family/friend: Social Media: Google search:

Name & address of GP:

Other (please specify)

DATA CONSENT:

We collect certain data from you to meet mandatory requirement regarding medical notes. There is a legal requirement to keep medical notes for a period of time after treatment. This can vary in length depending on your age and ability to consent but will be for a minimum of 7 years. Your details will be destroyed after this period.

Please note if you do not consent we will be unable to carry out any assessment or treatment.

If you consent to your details being used for these purposes please tick here

There may be occasion where we may want to share information with your General Practitioner

If you consent to your details being used for these purposes please tick here

We also collect data to assist in the administration of our business to provide you with an efficient service. We would like to use your contact details to assist with the administration of appointments/changes to scheduled appointments and/or reminders about appointments. To further enhance our service to you. We would like to be able to update you on any information regarding the practice.

If you consent to your details being used for these purposes please tick here

We take your privacy seriously and will take all reasonable steps to ensure protection of your data. Please note that your right to be forgotten cannot override the legal requirement to keep medical notes for the mandatory period. You can request a copy of any data held on you by contacting our practice.

Signed: (Patient / Persons with parental/legal responsibility)

Relationship to patient - if applicable.

Date:

Member of the College of Foot Health

