



Masucci Podiatry Ltd
78 Park Road, Kingston KT2 5JZ
t: 0208 241 0073
f: 0208 549 3644
e: admin@masuccipodiatry.co.uk
w: masuccipodiatry.co.uk

for all your
foot problems

Health Questionnaire

Please read this medical questionnaire carefully, sign it and bring it with you when you attend your first appointment with Masucci Podiatry.

Your appointment will be with **Mr Nicholas Masucci FCPodS**, Consultant Podiatrist, a specialist in foot related pain and foot surgery. Podiatrists and podiatric surgeons are independently trained and are registered with the Health Care Professions Council (HCPC). Mr Masucci's HCPC registration number is CH10024. He is a member of the College of Podiatry, registration number 11169.

Please complete the following:

Title (Mr/Mrs/Miss) _____

Full Name _____

Street Address _____

Town _____

County _____

Post Code _____

Date of Birth _____

Age _____

Have you ever suffered from the following? (If yes, please give details)

Heart disease of any sort Yes/No_____

Chest pain, palpitations or black outs Yes/No_____

High blood pressure Yes/No_____

Rheumatic fever Yes/No_____

Asthma, bronchitis
or other chest disease Yes/No_____

Breathless on exertion or at night Yes/No_____

Diabetes or sugar in the urine Yes/No_____

Kidney or urinary problems Yes/No_____

Convulsions or fits Yes/No_____

Anaemia or other blood disorders Yes/No_____

Bruising or bleeding problems Yes/No_____

Blood clots on the legs or lungs Yes/No_____

Jaundice (yellowness) Yes/No_____

Hepatitis Yes/No_____

Indigestion or heartburn Yes/No_____

Any other serious illness Yes/No_____

Do you have problem scars Yes/No_____

Do you smoke/stopped smoking
(How many a day) Yes/No_____

Do you drink alcohol Yes/No_____

Do you have false, capped or crowned teeth Yes/No _____

Do you have a pacemaker or any implants Yes/No _____

Do you wear contact lenses Yes/No _____

Do you wear hearing aids Yes/No _____

Could you be pregnant Yes/No _____

Are you on HRT/the pill Yes/No _____

Any sports or hobbies/keep fit Yes/No _____

Are you taking any medication? Yes / No
If yes, please list their names and the dose you are taking (or attach list to this form)
(Include inhalers, eyedrops, creams or herbal remedies whether prescribed by your doctor or not) _____

Are you allergic to any drugs/materials Yes/No _____

Please list any previous operations or anaesthetics and year
_____ year _____
_____ year _____
_____ year _____
_____ year _____

Have you or a member of your family had problems with anaesthetics?
Yes/No
If yes, which ones?

Is there anything else we should know?

Yes/No

Do you have any religious or cultural needs?

Yes/No

If yes, please detail

Do you need an interpreter?

Yes/No

If yes, which language

Declaration:

I have completed the above form to the best of my knowledge and have read and understood all the information contained within it.

Signature

Date

__/__/____

I am the patient, parent, guardian (please circle the correct one)