



CONSENT FORM

Name: _____ Date of Birth: _____

Address: _____

Phone #: _____ Cell: _____

Email: _____

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Foreverfeet-footcare Ltd requires clients to complete Consents and Health Profile forms prior to any services to ensure appropriate and accurate services.

Accuracy of Information:

"I certify that the medical health information that I have provided on the "Health Profile Form" to Foreverfeet-footcare Ltd is accurate and to the best of my knowledge. (Initials)

Privacy & Sharing of Information:

"I understand that Foreverfeet-footcare Ltd collects my health information for the purpose of ensuring the best care for my personal health needs; and does not share any information to anyone for any reasons; unless I give my consent if deemed necessary to my doctor, or other care provider I agree to as needed. (Initials)

Charting & Photos:

"I acknowledge that Foreverfeet-footcare Ltd maintains and secures all charting and photos pertaining to my medical/health needs; photos, if taken, are strictly for the purpose of tracking any issues/concerns with regard to my feet/lower limbs for reference in charting practises. (Initials)

Fees & Cancellation Policy:

"I acknowledge that there is a fee for footcare services, due at time of service, and that I will be notified if there is a change in fees for service. **Clients who provide less than 24hrs notice or miss appointment will be charged a cancellation/miss fee \$25**(Exception: Medical Emergency) (Initials)

" I acknowledge and agree to all of the above policies, and understand that Foreverfeet-footcare Ltd follows all "Best Practice Guidelines/Policies" to ensure safe and appropriate footcare services that are specific to my personal needs and agree to foot care services.

Client/ POA/Health Professional

(Signature Required)

CONSENT FOR FOOTCARE SERVICES #FCS2020/003

SUZANNE MARSEL-FOOTCARE NURSE