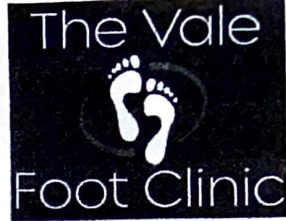


Simply Nails Consent



Section 1 - Patient Details

Patient's surname _____ First Name _____

Date of Birth ____/____/____ Age _____ Marital Status _____

Occupation _____ Tel. Number Landline _____

Address _____ Mobile _____

(GP) Name _____

(GP) Address _____

GP Contact Number _____

Next of Kin Name _____

Relationship _____

Phone Number _____

Mobile _____

CONSENT Please read the statements carefully below and then sign and date the form to consent to treatment as a Simply Nails patient of the Vale Foot Clinic.

I confirm that..

- I do not have thickened nails or IGTN's
- I am not a diabetic patient who takes medication for my diabetes and I am not insulin dependent
- I am not taking blood thinning medication
- I am not taking steroids
- I am not suffering from any of the following conditions
 - Poor circulation
 - Nerve damage to my lower limbs
 - Kidney failure

I understand that the treatment undertaken will be to cut and file nails only (treatment will not include removal of hard skin or corns)

I understand that during treatment there is a minimal risk of instrument injury.

I understand that to remain a 'Simply Nails' patient I will need to revisit the Vale Foot Clinic within 4 months of my last appointment.

Name: _____

Date: _____

Signature: _____