



# Salisbury Courtyard Clinic

23a New St, Salisbury, SP1 2PH

Tel: 01722 332 034

Mob: 07507 791 551

info@salisburycourtyard.co.uk

www.salisburycourtyard.co.uk

## **PATIENT INFORMATION PACK - TERMS AND CONDITIONS OF SERVICE**

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Thank you for choosing Medicus at Salisbury Courtyard Clinic for your podiatry / chiropody service. Please read the following information carefully, as you are agreeing to use the services under the following terms and conditions.

### **1. MEDICAL HISTORY INFORMATION**

Information regarding the patient's medical history and a list of current medications will be needed. This information is usually taken during the first appointment and updated periodically. Because Medicus are private practitioners, and not part of the NHS, we do not have access to your NHS patient records. So, during your first appointment with us it is your responsibility to provide us with your medical history and medication list, and to update us when there are changes to your medication or general health.

### **2. TYPES OF PODIATRY APPOINTMENT**

Each patient will have different chiropody needs, and not all treatments are needed at every appointment. Please see our website for the current appointment types available and their prices. Tiered appointments are for regular attendees, & patients may need to change appointment types as their foot health needs change. If you haven't attended an appointment in 6 months, you will need to have a standard chiropody appointment, if more than 2 years has elapsed then you will be classed as a new patient. Every 18 – 24 months you agree to an automatic foot health check appointment as part of your ongoing treatment plan.

### **3. PROBLEMS**

In the unlikely event that you experience an unforeseen problem due to your treatment we will gladly provide a review appointment, free of charge, to assess and rectify the issue. This service is intended for the same issue you attended the appointment for and only if you contact us within 5 days of your appointment, otherwise full appointment fees will be charged.

### **4. DRESS CODE**

To help us spend as much of your appointment time as possible on treatments, please wear easily removable hosiery and footwear for podiatry appointments, lengthy dressing and undressing times reduce the time available for treatment within your appointment slot.

Do not wear nail varnish to any podiatry appointment, nail varnish stops us checking the condition of your nails and blunts the instruments we use. If you wear nail varnish to an appointment there will be an additional charge.

Please bring socks to wear after your treatment. We use creams and oils at the end of each treatment and wearing socks helps the creams to absorb into the skin. In addition, we do not want you to slip in your shoes or leave stains in your footwear. If you forget your socks, we may have some available to purchase in clinic.



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## 5. CHAPERONE / ASSISTANCE

You are most welcome to bring someone with you to your appointments however this is limited to one person due to space in the clinic room. If a patient would find it difficult to provide the level of detail needed for a medical history; to undress and redress; to understand and follow self-care advice; would need assistance getting around; or needs monitoring by a caregiver; then a carer or relative should **always** accompany the patient to their appointments.

## 6. APPOINTMENT REMINDERS

The patient software system can send appointment reminders by email or text. Although we offer appointment reminders, these systems are automated and sometimes technology fails, therefore we recommend that patients do not rely solely on appointment reminders. Please keep your appointment card safe and / or put appointments in your diary or calendar. If you miss your appointment the late cancellation fee will be charged. Please see the website or price list for current charges.

## 7. LATE ARRIVALS

Appointment duration allows appropriate time for procedures to be carried out to a high standard within a safe environment. Late arrivals hinder patient care, disrupt the clinician, and inconvenience other patients, so please arrive a few minutes before your appointment time. A late arrival will result in either a reduced treatment within the remaining appointment time, or the cancellation and rescheduling of the appointment. This decision is solely at the clinician's discretion. Please note you will still be charged the full appointment fee in both situations.

## 8. CONSENT TO TREATMENT

Patients attending routine appointments including New Patient Appointment; Finger Nail cut; Medi-Pedi; Warm Wax Therapy; Foot Wash; Light, Standard and Extra Chiropody are asked to give consent for single chiropody treatments and ongoing courses of general chiropody care. This means you consent to the use of sharp instruments, blades, and topical products, and understand the risks of cuts, bleeding, and dermatological reactions. You can refuse any part or parts of general treatment, you can ask for alternative treatments (including no treatment) and can ask questions about the treatment at any time. You can withdraw your consent at any time. Other procedures may require additional consent forms.

## 9. PAYMENT POLICY

Payment is due by the end of each appointment and can be made by cash, cheque or debit card. If you are paying for a relative's care and wish to organise payments, please contact me for more information on bank transfers or card payments via telephone. Please see the website or price lists for current fees.



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## 10. HOW TO BOOK, ALTER OR CANCEL AN APPOINTMENT

You can **book** your next appointment at the end of your treatment - or by phone call, text or by email. If you are a patient who is suitable for variety of appointment types and 'mixes and matches' their appointments, you will need to state which type of apt you require otherwise you will be automatically allocated to a standard appointment and will incur the standard appointment fee. You can **cancel** your appointment by phone, text or email. We will automatically contact you within a few days to rebook your appointment unless otherwise instructed. Please note that phone calls will go to an answering facility; you will hear a recorded message, please leave your name and a daytime contact number and I will return your call.

## 11. CANCELLATION POLICY

You can cancel your appointments at any time. Appointments cancelled with more than 24 hours' notice (from your appointment start time) will not incur any charges. Cancellations with less than 24 hours' notice (and up to two hours before the appointment time) will result in a late cancellation charge. Missed clinic appointments – (where the patient fails to turn up and has not contacted Medicus directly, or only informs us within two hours of the appointment) - will incur a fee that is 50% of their appointment cost. This 50% missed appointment fee is also applicable to home visits that are cancelled when the podiatrist has arrived at the residence, or when the patient has forgotten their appointment and is not at home. Please see the website or price lists for the current charges.

**More than 24 hours' notice = no charges**

**23 hours' to 2 hour's notice = cancellation charge**

**Less than 2 hour's notice or failure to attend = 50% of appointment fee.**

To avoid charges being levied please make sure that you phone, text or email with more than 24 hours' notice. All calls texts and emails are date and time stamped so even if we are unable to reply to your message immediately there is a record of when you cancelled the appointment. We will automatically contact you within a few days to rebook your appointment unless you instruct us otherwise in your message.

## 12. GDPR

Medicus adheres to current General Data Protection Regulations (GDPR). Your details are collected for your treatment notes and for Medicus administration and marketing purposes such as appointment reminders, receipts, and clinic information. Details are stored electronically on patient software, on a mobile phone and on paper records. If a letter to your GP or another health professional is required, this is only done with your knowledge and your consent, and you will receive a copy of any correspondence. The full privacy policy is available in clinic, is available on the website and can be emailed to you on request.

## 13. CONSENT TO LIASE WITH A THIRD PARTY

Sometimes patients find it helpful to let someone else organise their appointments and pay their bills. If you wish to allow a relative or carer to make your appointments, pay your bills, or liaise with us on your behalf you must supply their details (page 7) and give your consent.



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## CONSENT TO TREATMENT, AND BUSINESS TERMS & CONDITIONS (ADM1)

1. I understand I must provide a medical history and list of medications.
2. I understand that tiered appointments and the reduced prices are for regular attendees; that appointments of 6-month intervals or longer will require a standard appointment; and that I will have a foot health check every 18-24 months.
3. I understand that I must contact Medicus within 5 days of an appointment to receive a free appointment to review and treat any unexpected issues.
4. I understand that I should not wear nail varnish, that I should bring socks and should wear easily removable hosiery and footwear for appointments.
5. I understand that I can bring someone with me to any or all appointments, and in some cases, this is a requirement.
6. I understand that appointment reminders are a courtesy option and cannot be guaranteed, and that I am responsible for ensuring I remember to attend my appointments.
7. I understand that if I arrive late for appointments the treatment may have to be reduced or the appointment rescheduled and that the full appointment fee will still be charged.
8. I understand the risks of general routine chiropody treatments and consent to single or ongoing courses of care. I understand that other procedures may require additional consent forms.
9. I understand that payment is due by the end of each appointment.
10. I understand that I must contact Medicus directly to book, alter or cancel any appointments.
11. I agree to abide by the Medicus Cancellation Policy and understand that fees are due for any appointment cancelled with less than 24 hours' notice.
12. I understand that my details are collected for administration, marketing and treatment notes and may be stored electronically and/or on paper records.
13. I understand that Medicus cannot share any information with any relative or carer unless I have given my consent.

**I confirm that the above points from the Patient Information Pack have been discussed with me, that I have been provided with an opportunity to ask questions, I have been provided with a copy of the pack either on paper or electronically. I consent to ongoing routine chiropody treatments and I understand and agree to adhere to Medicus' policies, terms and conditions of service.**

PATIENT NAME:..... DOB: .....

PATIENT SIGNATURE: ..... Date signed: .....

ADDRESS:.....

PARENT / GUARDIAN SIGNATURE (if patient is under 18 or unable to sign)

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## LIASING WITH RELATIVES OR CARERS ON YOUR BEHALF

***Please tick the sentence that applies to your wishes  
and draw a line through the sentence that does not apply.***

I DO NOT want Medicus to liaise with a third party on my behalf.

**or**

I DO want Medicus to liaise with a third party on my behalf, nominated person below.

Name of nominated person:.....

Relationship to patient:.....

Landline:..... Mobile:.....

Email:.....

Consent given – signed by: .....

Print Name: .....

Date Signed: .....