



A STUDY OF DIFFERENT TYPES OF TREATMENT FOR VERRUCAE PODIATRIST OUTCOME ASSESSMENT

Participant Number:
(For office use only)

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Please enter the date you are completing this questionnaire:

		/			/				
day			month			year			

1. Does the verruca appear to be completely cleared/cured? Yes No

If 'No' how many verrucae are left?

2. Did the patient require further treatment? Yes No

If 'Yes' what treatment did the patient receive?

Please specify

3. Any other comments? (Please specify)

PLEASE REMEMBER TO TAKE A DIGITAL PHOTOGRAPH.

THANK YOU FOR TAKING THE TIME TO ASSESS THIS PATIENT. PLEASE RETURN THIS FORM TO THE UNIVERSITY OF YORK IN THE PRE-PAID ENVELOPE PROVIDED.