

Podiatry Service

APPLICATION FOR PODIATRY ASSESSMENT

Name:	Date of Birth:	NHS Number:
Given Name:	Mr/Mrs/Miss/Ms/Other:	
Address:	Telephone Number (Home):	
	Telephone Number (Mobile):	
Postcode:	Willing to accept answerphone messages? YES/NO	
Religion:	Ethnicity:	Registered Disabled? YES/NO
GP:	GP Surgery Address:	
	Telephone Number:	
What problems are you having with your feet / Why do you want to see a podiatrist? (N.B. – this service does NOT provide basic nail cutting, treat verrucas or provide treatment for fungal nails)		
How long have you had this problem?		
How do you think podiatry can help?		
Have you had treatment for this by a PODIATRIST, NURSE, GP, other?		
If so, by whom and when?		
Is your GP aware of this referral? YES / NO / On their advice		

Podiatry Service

Name:	Date of Birth:	NHS Number:
-------	----------------	-------------

Please list ANY/ALL medications that you take or use, and any allergies

Do you have?	YES	NO	Details
Diabetes Type 1 or 2			
Heart disease			
Diagnosed circulatory problems in legs or feet			
Swollen legs or feet			
Blood disorders e.g. leukaemia, anaemia			
Take warfarin			
Respiratory disorders			
Osteoarthritis			
Rheumatoid disease			
Osteoporosis / long term steroid use			
Connective tissue disorders e.g. Scleroderma, hypermobility			
Neurological disorders e.g. Parkinsons, M.S			
Previous stroke			
Blackouts			
Fractures or sprains			
Recent falls or balance problems			
Hospital admission in the last 18 months			
Kidney disease			
Dementia			
Vision problems			
Hearing problems			
Family history of medical problems			
Any other medical conditions			

Please state your preferred choice of clinic within your area

Clinics : - Fairfield Park Health Centre, Batheaston Medical Centre, St Michael's Surgery Twerton, Royal United Hospital, St Martin's Hospital, Paulton Hospital, Keynsham Health Centre

Podiatry Service

Name:	Date of Birth:	NHS Number:
1 st choice	2 nd choice	
Completed by (GP/Nurse/Self/Guardian/carer/relative/other)	(print)	Signed Date

Please note that if there is not enough detail on this application form it may be returned.

Following assessment, unless there is a medical risk or high podiatric need, you will be given foot health education and/or a course of treatment and then DISCHARGED from this service. Some specialist treatments may only be available at larger clinics. The podiatrist may require you to attend a different location to obtain the correct treatment

PLEASE SEND TO: Podiatry Administration Office:
St Martin's Hospital, Clara Cross Lane,
BATH, BA2 5RP
office use date received

Author Information Governance Manager	Version: 2.0	Document Created June2012	Review date: June 2014	Page 3 of 3
File path				Ref:671

This record forms part of a legal document. It must be signed, dated, legible and filed appropriately in the service user's record.