

Podiatry Self-Referral Form



For over 16's Only

This form allows you to refer yourself for podiatry assessment/treatment, without seeing your GP.

PLEASE COMPLETE ALL DETAILS REQUESTED ON THE FORM. FAILURE TO DO THIS WILL RESULT IN YOUR ASSESSMENT/TREATMENT BEING DELAYED.

SURNAME..... FORENAME..... TITLE.....

KNOWN AS..... DATE OF BIRTH.....

ADDRESS.....

..... POSTCODE.....

OCCUPATION..... WEIGHT.....

REGISTERED HEALTH CENTRE.....

HOME TEL WORK TEL MOBILE

E-MAIL.....

NEXT OF KIN..... HOME TEL..... MOBILE.....

E-MAIL.....

(By supplying your contact details we assume we have consent to contact you this way)

THE PODIATRY SERVICE DOES NOT OFFER A NAIL CUTTING SERVICE IN THE ABSENCE OF RELEVANT MEDICAL/PODIATRIC NEED.

GENERAL HEALTH (PLEASE TICK ALL THOSE THAT APPLY TO YOU)

General good health Diabetes

Poor circulation (resulting in cramp/pain in legs when walking)

Rheumatoid/Inflammatory Arthritis

MEDICATION (Please list all medication you are prescribed from your GP) None

ALLERGIES (please list any allergies) None

FOOT HEALTH (PLEASE TICK ALL THOSE THAT APPLY TO YOU)

Foot ulcer Foot/toe infection (requiring antibiotics) Loss of sensation in feet

Pain in feet/ankle/legs (when walking/running/exercising) Trauma

Gangrene Ingrown toe nail Painful corns Heel pain Knee pain Ankle pain

Foot pain Thick painful hard skin Sports Injury Painful Thickened Nails

Diabetic foot assessment

Amputation of leg/foot/toe_ (please indicate reason for amputation).....

PODIATRY NEED.

Please give a brief description of why you feel you need podiatry assessment/treatment.

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How long have you had this problem?.....

Are the symptoms worsening? Yes No Same

Are you unable to work or care for a dependant because of this problem Yes No

Have you received NHS podiatry treatment in the last 6 months? Yes No

Signature..... Date.....

PLEASE SEND COMPLETED FORM TO:

PODIATRY SERVICES, LERWICK HEALTH CENTRE, SOUTH ROAD, LERWICK, ZE1 0RB.

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FOR OFFICAL USE ONLY

Date received.....

First appointment date.....

First appointment location.....

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