

## Application for Podiatry Assessment

This form is to be used to request a Podiatry assessment by an NHS Podiatrist in Wiltshire. In order for the Podiatrist to make an assessment regarding your application you must complete all questions as fully as possible. When this form is received we will decide whether you are eligible to receive a Podiatry assessment. All the information you give us will be kept in the strictest confidence and will be retained as part of your Podiatry health records. Please note that basic nail cutting is not provided.

<b>Title:</b>		<b>First Names:</b>		<b>Surname:</b>	
<b>Date of Birth:</b>		<b>NHS number:</b>			
<b>Address:</b>				<b>Post code:</b>	
				<b>Contact Number:</b>	
				<b>Mobile Number:</b>	
<b>Next of kin:</b>				<b>Contact Number:</b>	
<b>GP Name:</b>		<b>GP Surgery:</b>			

<b>General Medical Information</b> (please tick any that you have now or previously been diagnosed with )					
<b>Diabetes</b>	Type 1		<b>Arthritis</b>	Rheumatoid	
	Type 2			Osteo	
<b>Circulatory Disease</b> (i.e. poor circulation)			<b>Neuropathy</b> (i.e. numbness in feet)		<b>Heart Condition</b> (i.e. heart failure)
<b>Neurological Condition</b> (i.e. Multiple Sclerosis)			<b>Autoimmune Disease</b> (i.e. SLE)		<b>Skin Disease / Condition</b> (i.e. ulceration, eczema )
<b>Blood Disorder</b> (Haemophilia, HIV/AIDS/Hepatitis B)			<b>Connective Tissue Disorders</b>		<b>Stroke</b>
<b>Liver or Kidney Disease</b>			<b>Cancers</b>		<b>Gout</b>

<b>Foot Problem</b> (Please in your own words write here what the problem/problems you are having with your feet.)

<b>Other Medical Information</b> (please include here any further information you feel relevant e.g. operations, injuries)

<b>Allergies</b>	<b>Type of reaction</b>		<b>Lifestyle</b>	
			Smoker	
			Alcohol consumption (units)	
<b>Name of Tablet or Medicine</b>		<b>Name of Tablet or Medicine</b>	<b>Name of Tablet or Medicine</b>	

Patients Signature:

Date:

On completion please return to:

Podiatry Administration Office, Chippenham Community Hospital, Rowden Hill, Chippenham, SN15 2AJ

Or email to: [whc.AdminPodiatry@nhs.net](mailto:whc.AdminPodiatry@nhs.net)