

Application for Podiatry Assessment

This form is to be used to request a Podiatry assessment by an NHS Podiatrist in Wiltshire. **BASIC NAIL CUTTING IS NOT PROVIDED**

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.

Title:	Surname:	First Names:
Address:		Date of Birth:
		NHS Number:
		Ethnic Origin:
Home Tel Number:	Mobile Tel Number:	
Occupation:	Work Tel Number:	
Emergency Contact/ Next of Kin name and contact telephone Number:		
GP Name:	GP Surgery	
GP Tel Number:		
Have you applied for Podiatry Assessment in the past? Yes / No	If yes, when and where?	

On completion please send this form to:

Podiatry Administration Office		
Chippenham Community Hospital		
Rowden Hill		
Chippenham		
SN15 2AJ		
01249 456635		

For office use only:

Date of Receipt of Application:	Podiatry Number:
Date of Assessment:	
Assessment Clinic Location:	
Biomechanical Assessment Location:	

Medication What medicines are you currently prescribed? Include all medications including those purchased yourself.

	Name of Tablet or Medicine		Name of Tablet or Medicine
1		9	
2		10	
3		11	
4		12	
5		13	
6		14	
7		15	
8		16	

Lifestyle

Height	
Weight	
Do you smoke? If so how many a day? If No have you smoked regularly in the past?	Yes/No Yes/No
Alcohol Consumption? Units per week?	

Family History

Have any of your blood relations had any medical conditions such as Diabetes, Heart problems etc? If so please list.	

Allergies Please list anything to which you are allergic or sensitive

		Type of reaction
1	Latex Yes / No	
2		
3		
4		

Mobility Do you need to use any of the following aids? (please tick)

Wheelchair		
Walking Frame		
Walking Stick		
Calliper		
Other		

General Medical Information

Please tick any medical conditions that you have now or have previously been diagnosed with:

		Yes	No	Details
1	Diabetes	Type 1		
		Type 2		
2	Heart Condition (i.e. heart failure)			
3	Arthritis	Rheumatoid		
		Osteo		
4	Circulatory Disease (i.e. poor circulation, veins)			
5	Neuropathy (Numbness in feet)			
6	Neurological Condition (i.e. Multiple sclerosis)			
7	Skin Disease/Condition (i.e. Eczema, Ulceration)			
8	Autoimmune Disease (i.e. SLE)			
9	Blood Disorder (i.e. Haemophilia)			
10	Stroke (CVA)			
11	Cancer (Current or previous)			
12	Breathing Disorder (i.e. Asthma)			
13	Connective Tissue Disorder			
14	Liver or Kidney Disease			
15	Gout			
16	Epilepsy/Convulsions			
17	HIV/AIDS Hepatitis B			
18	Mental Health Problem			
19	High or Low Blood Pressure			
20	Pregnancy/Breastfeeding			
21				

Other Medical Information List any other medical conditions which apply to you

Operations and Injuries Please list any operations or injuries you have had (especially relating to you feet, legs or back)

Foot Problems In your own words please write here the problem/ problems you are having with your feet

Patient signature..... Date.....

The Patient Advice and Liaison Service (PALS)

The Patient Advice and Liaison Service (PALS) aims to make your journey through the NHS as smooth as possible. Your views and ideas can help shape the direction of your local health services.

If you have questions, concerns, suggestions or compliments about any NHS service you receive then speak to a member of staff. If you feel that they cannot help you or you still have concerns, then contact PALS on 01793 604031

E-Mail: pals.team@gwh.nhs.uk

Or write to: PALS Office, The Great Western Hospital, Marlborough Road, Swindon SN3 6BB. PALS are available Monday to Friday 9am to 5pm