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: Basic nail cutting service without a health risk is not provided nor do we treat verrucas.

Please attach photos of your foot concern to your email when submitting this application

In submitting this form, the patient agrees to receive text and email messages about their self-referral, appointments and management to the mobile number and email address listed below.

Title:		**First Names:**		**Surname:**	
Date of Birth:			**NHS number:**		
E-mail address					
Address:				**Post code:**	
				Contact Number:	
				Mobile Number:	
Next of kin:				**Contact Number:**	
GP Name:		**GP Surgery:**			

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

Foot Problem (Please in your own words write here what the problem/problems you are having with your feet.)
Other Medical Information (please include here any further information you feel relevant e.g. operations, injuries)

Name of Tablet or Medicine	**Name of Tablet or Medicine**	**Name of Tablet or Medicine**

Allergies	**Type of reaction**	**Lifestyle**	
		Smoker (consumption per day)	
		Alcohol consumption (units per week)	

On completion, please email (along with photos of your foot concern) to:
Wilts.podiatryadmin@hcrgcaregroup.com

Or send to: Podiatry Administration Office, Chippenham Community Hospital, Rowden Hill, Chippenham, SN15 2AJ