

Podiatry Department Clinic Application Form

NHS Lothian Podiatry Department does NOT provide simple nail cutting services

Based on the information supplied you may be invited to a group presentation to help you with your foot problem. Incomplete forms will be returned. Home visits are by GP referral ONLY.

Advice and information on basic foot care and heel pain management can be found using the link below:

<http://www.nhslothian.scot.nhs.uk/Community/EdinburghCHP/Services/Pages/Podiatry.aspx>

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Forename:	Surname:
Address:	DOB:	
	Postcode:	
Home Phone:	Work phone (optional):	Mobile Phone:
Permission to leave message: <input type="checkbox"/> Yes <input type="checkbox"/> No		
GP Name:	Practice Address:	Practice Contact Number:
Emergency Contact Name:	Contact Number:	Relationship:
Do you require an interpreter: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please note: friends and family cannot act as your interpreter</i>		Language:
REASON FOR REFERRAL <i>(please outline below why you are referring to Podiatry):</i> <i>(please tick the relevant items below relating to your referral):</i> Side: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both Region: <input type="checkbox"/> Toes <input type="checkbox"/> Foot <input type="checkbox"/> Heel <input type="checkbox"/> Ankle <input type="checkbox"/> Leg <input type="checkbox"/> Knee <input type="checkbox"/> Hip Structure: <input type="checkbox"/> Nails <input type="checkbox"/> Skin <input type="checkbox"/> Joint <input type="checkbox"/> Muscle / tendon:		
Is the problem area(s): <input type="checkbox"/> Red <input type="checkbox"/> Swollen <input type="checkbox"/> Bleeding / discharging / weeping		
Are you on antibiotics for this problem? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How long have you had this complaint? <input type="checkbox"/> Days____ <input type="checkbox"/> Weeks____ <input type="checkbox"/> Months____ <input type="checkbox"/> Years____		
Are the symptoms worsening? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you off work with this problem? <input type="checkbox"/> Yes <input type="checkbox"/> No
Medications <i>(please list all medications / tablets you are taking or attach a recent prescription list):</i> 		

GENERAL HEALTH (please tick if you have the following):

- Diabetes:
- low risk moderate risk high risk
 active foot ulceration don't know never had foot checked
- Neurological disorders, *please specify*
- Mental health conditions, *please specify*:
- Physical disability, *please specify*.....
- Wheelchair user: Yes No

- Dementia Lymphoedema Raynaud's disease
- Communication difficulties Rheumatoid arthritis
- Peripheral vascular disease Learning difficulties

Is there any other information you wish to add?

Please tick which clinic you would prefer to attend:

EDINBURGH SECTOR			
<input type="checkbox"/> Allermuir 165 Colinton Mains Drive EH13 9AF <input type="checkbox"/> Slateford M.C. 27 Gorgie Park Close EH14 1NQ	<input type="checkbox"/> Inchkeith House 139 Leith Walk EH6 8NP <input type="checkbox"/> South Queensferry 41 The Loan EH30 9HA	<input type="checkbox"/> Mountcastle H.C. 132 Mountcastle Dr South EH15 3LL <input type="checkbox"/> Westerhailes HLC 30 Harvesters Way EH14 3JF	<input type="checkbox"/> Pennywell 1D Pennywell Gardens EH4 4UA
EAST LOTHIAN SECTOR			
<input type="checkbox"/> Dunbar M.C. Queens Rd EH42 1EE	<input type="checkbox"/> North Berwick H.C. St Baldred's Rd EH39 4PU	<input type="checkbox"/> Musselburgh PCC Inveresk Rd, Musselburgh EH21 7BP	<input type="checkbox"/> Roodlands Hospital Hospital Rd, Haddington EH41 3PF
MIDLOTHIAN SECTOR			
<input type="checkbox"/> Bonnyrigg H.C. 109-111 High St EH19 2DA	<input type="checkbox"/> Dalkeith M.C. 25 St Andrews St EH22 1AP	<input type="checkbox"/> Newbattle M.C. Blackcot Rd, Mayfield EH22 4AA	<input type="checkbox"/> Penicuik H.C. 37 Imrie Place EH26 8LF
WEST LOTHIAN SECTOR <input type="checkbox"/> St John's Hospital Howden Rd West, Livingston EH54 6PP	CONTACT CENTRE ☎ 0131 536 1627		

Please return the completed form to:

**Podiatry Department
NP Admin, Allander House
139 Leith Walk EH6 8NP**

An appointment will be sent when the form is fully completed and returned to the above address

For office use only:

Date referral received:	
<input type="checkbox"/> Urgent <input type="checkbox"/> Routine 1:1 <input type="checkbox"/> Routine MSK <input type="checkbox"/> HED <input type="checkbox"/> Heel Pain	
Date /Time of Assessment:	

[Place CHI label here]