West Lothian
Health & Social Care Partnership
www.westlothianchcp.org.uk

NHS Lothian

West Lothian Council

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: ☐ Mr ☐ Mrs ☐ Miss ☐ Ms	**Forename:**	**Surname:**
Address:		**DOB:** **Postcode:**
Home Phone:	**Work phone** *(optional)*:	**Mobile Phone:**
Permission to leave message: ☐ Yes ☐ No		
GP Name:	**Practice Address:**	**Practice Contact Number:**
Emergency Contact Name:	**Contact Number:**	**Relationship:**
Do you require an interpreter: ☐ Yes ☐ No *Please note: friends and family cannot act as your interpreter*		**Language:**

REASON FOR REFERRAL *(please outline below why you are referring to Podiatry)*:

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(please tick the relevant items below relating to your referral):

Side: ☐ Left ☐ Right ☐ Both

Region: ☐ Toes ☐ Foot ☐ Heel ☐ Ankle ☐ Leg ☐ Knee ☐ Hip

Structure: ☐ Nails ☐ Skin ☐ Joint ☐ Muscle / tendon:

Is the problem area(s): ☐ Red ☐ Swollen ☐ Bleeding / discharging / weeping

Are you on antibiotics for this problem? ☐ Yes ☐ No

How long have you had this complaint? ☐ Days____ ☐ Weeks____ ☐ Months____ ☐ Years____

Are the symptoms worsening? ☐ Yes ☐ No	**Are you off work with this problem?** ☐ Yes ☐ No