

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 (please outline below why you are referring to Podiatry):			
.....			
.....			
(please tick the relevant items below relating to your referral):			
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 (please list all medications / tablets you are taking or attach a recent prescription list):

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"/> Cralgroyston 1 Pennywell Rd EH4 4PH	<input type="checkbox"/> Inchkeith House 139 Leith Walk EH68NP	<input type="checkbox"/> Gracemount HC 24 Gracemount Dr EH166RN	<input type="checkbox"/> Mountcastle HC 132 Mountcastle Dr Sth EH15 3LL
<input type="checkbox"/> Sth Queensferry 41 The Loan EH30 9HA	<input type="checkbox"/> Slateford MC 27 Gorgie Pk Cl EH1 41NQ	<input type="checkbox"/> Westerhailes HLC 30 Harvesters Way EH143JF	
EAST LOTHIAN SECTOR			
<input type="checkbox"/> Dunbar MC Queens Rd EH42 1EE	<input type="checkbox"/> North Berwick HC St Baldred's Rd EH3 94PU	<input type="checkbox"/> Musselburgh PCC Inveresk Rd EH21 7BP	<input type="checkbox"/> Roodlands Hospital Hospital Rd Haddington EH41 3PF
MIDLOTHIAN SECTOR			
<input type="checkbox"/> Bonnyrigg HC 109-111 High St EH192DA	<input type="checkbox"/> Dalkeith MC 25 St Andrews St EH2 21AP	<input type="checkbox"/> Newbattle MC Blackcot Rd Mayfield EH224AA	<input type="checkbox"/> Penicuik HC 37 Imrie Place EH26 8LF
WEST LOTHIAN SECTOR		CONTACT CENTRE ☎ 0131 536 1627	
<input type="checkbox"/> St John's Hospital Howden Rd West, Livingston EH54 6PP			

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]