Central London Community Healthcare NHS
NHS Trust

Barnet ▮ Hammersmith and Fulham ▮ Kensington and Chelsea ▮ Westminster

Podiatry Services
Application for Podiatry Care

USE BLOCK CAPITALS AND RETURN TO THIS ADDRESS
INCOMPLETE FORMS WILL BE RETURNED

SURNAME: TITLE: DATE:

FORENAME(S): DATE OF BIRTH: / / MALE ☐ FEMALE ☐

ADDRESS:

POSTCODE:

CONTACT TELEPHONE NUMBERS:

HOME: WORK: MOBILE:

GP PRACTICE

NAME:

PRACTICE ADDRESS

POSTCODE:

TELEPHONE: FAX:

MEDICAL HISTORY

Please give details of any medical conditions that should be brought to the attention of the podiatrist. Please tick boxes :

DIABETES	☐	IMMUNE SYSTEM DISORDER	☐	HIGH BLOOD PRESSURE	☐
HEART DISEASE	☐	BREATHING PROBLEMS	☐	OSTEOARTHRITIS	☐
STROKE	☐	BLOOD DISORDER	☐	CANCER TREATMENT	☐
RHEUMATOID ARTHRITIS	☐	OTHER (PLEASE STATE)			

MOBILITY STATUS

Please tick the appropriate box:

I AM ABLE TO ATTEND THE CLINIC ☐

I AM ONLY ABLE TO ATTEND IF TRANSPORT IS PROVIDED ☐

I USE A WHEELCHAIR ☐

I AM HOUSEBOUND ☐

MEDICATION

Please give names of medicines or tablets you are taking:

Continued overleaf

FOOT PROBLEMS

Please indicate the foot problem:

NAIL CARE	☐	ATHLETES FOOT	☐
CORNS / CALLOUS	☐	HEEL PAIN	☐
VERRUCAE	☐	INFECTION	☐
FOOT CARE ADVICE	☐	LEG / KNEE / ANKLE PAIN	☐
INFECTED INGROWING TOENAIL	☐	OTHER (PLEASE STATE):	☐ ______________

____

TRANSLATOR REQUIRED: YES ☐ NO ☐

PLEASE STATE LANGUAGE: ______________________________

SPECIAL APPOINTMENT REQUESTS: ______________________________

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ETHNICITY

Please provide your ethnicity details. This ensures that we are providing services that meet the needs of the local population. Pick your own group you feel you belong to and remember; your ethnic groups are not always your nationality or place of birth.

WHITE		***BLACK / BLACK BRITISH***		***ASIAN or ASIAN BRITISH***			
White British	☐	Black Caribbean	☐	Indian	☐	Asian other	☐
White Irish	☐	Black African	☐	Pakistani	☐		
White Other	☐	Black Other	☐	Bangladeshi	☐		

MIXED		***OTHER ETHNIC GROUPS***	
White and Black Caribbean	☐	Chinese	☐
White and Black African	☐	Any other ethnic group	☐
White and Asian	☐	No category assigned	☐
Mixed other	☐		

ANY OTHER INFORMATION:

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This form will be processed and an appointment for an initial assessment will be allocated at your local podiatry clinic.

APPLICATION FORM IS TO BE COMPLETED IN FULL
THE FORM WILL BE RETURNED TO THE REFERRER IF THERE ARE INSUFFICIENT IMPORTANT DETAILS

PLEASE RETURN COMPLETED FORM TO PODIATRY ADMINISTRATION TEAM :
PODIATRY DEPARTMENT, ST CHARLES HOSPITAL, EXMOOR STREET, LONDON W10 6DZ
TEL: 020 8962 4477 FAX: 020 8962 4086