7	Office (ise only	
	MDT	
	MP1	



NHS Highland Podiatry Service does not carry out simple nail cutting.

ALL sections MUST be completed in BLOCK CAPITALS. Incomplete forms will be returned.

NB: Your Treater the Reaser returns	atme	ent	ma	ay n	ot t	oe g	give												
Podiatry Department of Thurso Communications Larentment of Thurso KW14 7AF Tel. 01847 893				Chi															
Title			St	urna	ıme	- +]	- 1		7	T		_							
First name(s)															-				
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Date of Birth		q	C	171	771	У	Y	У	У										
Home Tel. Work Tel. Mobile Tel. Other Tel.				-															
GP's Name	Dr																		L
GP's Address										·			-	-					

Post code

Tel.

Please list all Medical Conditions and	
(e.g. diabetes, heart, kidney disease, mental health, e	etc) (e.g. blind, wheel chair, etc)
If NONE please tick this box	
AND	A LAND AND THE PROPERTY OF THE
	55 11 15 11 12
Please list all your current medications	(attach a prescription tear-off slip if possible)
If NONE please tick this box	
. 400	
Allergies:	
Use the diagram below to show where your	feet are concerning you. Circle the relevant part
R Sole L	LEFT RIGHT
NHS PODIATRY DOES NOT CA	RRY OUT SIMPLE NAIL CUTTING
Briefly describe your concerns. How do	you think podiatry can help?
Signed	Date stamp office use only
Date	
elationship if signing on behalf of pati	ent

(Offiliacentererolity)

Soon

Routine

GP / Practice Code

Emergency

Urgent

Location Code