

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**☐ **Allermuir**165 Colinton Mains Drive
EH13 9AF☐ **Inchkeith House**139 Leith Walk
EH6 8NP☐ **Mountcastle H.C**132 Mountcastle Dr South
EH15 3LL☐ **Pennywell**1D Pennywell Gardens
EH4 4UA☐ **Slateford M.C**27 Gorgie Park Close
EH14 1NQ☐ **South Queensferry**41 The Loan
EH30 9HA☐ **Westerhailes HLC**30 Harvesters Way
EH14 3JF**EAST LOTHIAN SECTOR**☐ **Dunbar M.C.**Queens Rd
EH42 1EE☐ **North Berwick H.C.**St Baldred's Rd
EH39 4PU☐ **Musselburgh PCC**Inveresk Rd, Musselburgh
EH21 7BP☐ **Roodlands Hospital**Hospital Rd, Haddington
EH41 3PF**MIDLOTHIAN SECTOR**☐ **Bonnyrigg H.C.**109-111 High St
EH19 2DA☐ **Dalkeith M.C.**25 St Andrews St
EH22 1AP☐ **Newbattle M.C.**Blackcot Rd, Mayfield
EH22 4AA☐ **Penicuik H.C.**37 Imrie Place
EH26 8LF**WEST LOTHIAN SECTOR**☐ **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:**☐ Urgent ☐ Routine 1:1 ☐ Routine MSK ☐ HED ☐ Heel Pain**Date /Time of Assessment:***[Place CHI label here]*