Leicestershire Partnership MHS

NHS Trust

Community Health Services 'A Step Ahead'

Please Return To:

Podiatry Service Call Centre

South Wigston Health Centre 80 Blaby Road, South Wigston Leicester, LE18 4SE Tel: 0116 2255118

Email: <u>llr.podiatry@nhs.net</u>

APPLICATION FOR PODIATRY ASSESSMENT

Please note – the Podiatry Service does NOT provide routine nail cutting unless you are classed as medically high risk e.g. High Risk Diabetic or severe circulation problems

NHS NO				TITL	E (tick)	MR	MRS	MI	SS			
SURNAME					FOF	ORENAME						
Date of Birth			FAMILY GP NAME &									
FULL ADDRESS				DRESS								
				NEXT OF KIN/ CARER		Name:						
POSTCODE				CONTACT		Telep	Telephone:					
Preferred Telephone					Consent to leave answer phone messages & send text							8.
Number:					Yes			Ν	0			
Email Address:												
(by supplying your email; we will assume we have consent to contact you in this way))	
Need an Interpreter		Please state language										
REASON FOR REFERRAL / WHAT IS YOUR FOOT PROBLEM?												
			-									
ARE YOU DIABETIC?		Yes		No		DO YOU H OPEN WO		N Y	′es		No	
REFFERED BY:		Patient		Carer		Health Ca	Health Care Professional					
Print Name (if you												

On receipt of your application form we may contact you for further information and in some cases a clinician may contact you prior to an appointment being made