

| | | | | |
|--------|-----|-------------|-------------|---------------|
| Form B | / / | R'cvd: / / | Pod Signed: | Apt: / / |
| Form D | / / | R / 1st / U | DOM | Time: am / pm |

APPLICATION FOR PODIATRY TREATMENT

Confidential

Please complete unshaded areas in ink, using block capitals and return to this address ▶▶▶▶▶▶▶▶▶▶

- Please fill in BOTH sides of this form.
- Failure to complete the form may delay your application.
- If you have any difficulty filling out this form please ask for help.

Clinic Stamp:
Rectory Road Health Clinic
Rectory Road
Rushden
Northants
NN10 0AE
Tel:01933 410192

| | | | | |
|--------------------|-----------|--|--|---|
| APPLICANT ▶ | Surname | | | Mr/Mrs/Miss/Ms/Child/Other * (* = Please Circle) |
| | Forenames | | | |

| | | | | |
|------------------|--|--|--|----------|
| ADDRESS ▶ | | | | |
| | | | | Postcode |

| | | | |
|---------------------------|------|------|--------|
| TELEPHONE NUMBER ▶ | Home | Work | Mobile |
|---------------------------|------|------|--------|

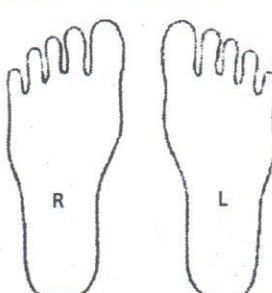
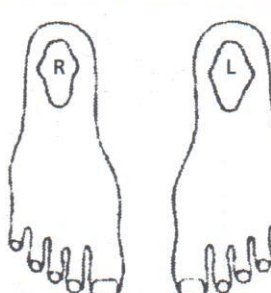


| | | | | | |
|------------------------|--|--|--|---------------------|--|
| DATE OF BIRTH ▶ | | | | OCCUPATION ▶ | |
|------------------------|--|--|--|---------------------|--|

| | | | | |
|----------------------------|--|--|--|----------|
| CHANGE OF ADDRESS ▶ | | | | |
| | | | | Postcode |

| | | | |
|---------------------------|------|------|--------|
| TELEPHONE NUMBER ▶ | Home | Work | Mobile |
|---------------------------|------|------|--------|

| | | | |
|------------------------------|--|---------|--------|
| ALTERNATIVE CONTACT ▶ | (E.g. Relative, Carer, Warden, Key Worker) | | |
| | Name | Address | |
| | | | |
| | Home | Work | Mobile |

| | | |
|------------------------|---------|------------------|
| FAMILY DOCTOR ▶ | Doctor | Change of Doctor |
| | Surgery | Surgery |

| | | | | |
|--|--|--|---|---|
| WHAT IS YOUR PODIATRY/ CHIROPODY PROBLEM? ▶ | Where on your foot does it hurt / cause a problem? (e.g. Pain in heel of the right foot). Please mark with an 'X' where on the foot/feet the problem is. | | | |
| |  |  |  |  |
| | (Bottom of Foot) | (Top of Foot) | (Left Foot) | (Right Foot) |

Please give details of your foot problem: ▶▶▶

How long have you had this problem? (Days/weeks/years?):

Is your problem Painful? Yes / No?* If Yes, is it Mild / Moderate / Severe *

Are there signs of: Redness / Weeping / Swelling / Heat / Bleeding / None *

Have you received any medical / nursing help for this problem? Yes / No? *
 If Yes, please give details:

PLEASE TURNOVER ▶▶▶

PREVIOUS PODIATRY/ CHIROPODY TREATMENT ▶ Have you seen a Podiatrist/Chiropodist in the last 2 years? Yes / No*
If Yes, Where did you receive the treatment?

MEDICAL HISTORY ▶ All treatment is based on medical needs. Do you or have you suffered from any of the following?

| CONDITION | YES/NO | CONDITION | YES/NO |
|--|--------|---|--------|
| DIABETES | | REGISTERED BLIND OR PARTIALLY SIGHTED | |
| CIRCULATION PROBLEMS e.g. RAYNAUD'S | | STATEMENT OF SPECIAL EDUCATIONAL NEEDS | |
| IMMUNOSUPPRESSION e.g. RENAL PROBLEMS | | CONGENITAL PROBLEMS | |
| RHEUMATOID ARTHRITIS | | PARALYSIS NEUROLOGICAL | |
| OSTEOARTHRITIS | | TERMINAL ILLNESS | |
| CHEST/BREATHING PROBLEMS | | OTHER AILMENTS NOT LISTED PLEASE LIST BELOW: | |
| STROKE | | | |
| HEART PROBLEMS | | | |
| A PERSON WITH PHYSICAL DISABILITIES | | | |

ALLERGIES ▶ Please list any known allergies, (e.g. penicillin, latex, local anaesthetics, cat fur, hay fever)

MEDICATION ▶ Please list all tablets and medicine that you take (Check your repeat prescription form).

PERSONAL DETAILS/ SITUATION ▶ Who normally cares for your feet? Self / Relative / Partner / Other* (please Specify)
If this has changed please explain why

WHAT HAPPENS NEXT ▶ All application forms are assessed and prioritised by a podiatrist. You will be contacted when an appointment becomes available. This will be to attend an assessment clinic.

CONSENT FOR TREATMENT ▶Signature of Applicant. Date:
Children under 16 years of age require signature of parent of guardian.
Mother/Father/Guardian *

PRACTITIONER'S NOTES ▶

N ature
L ocation
D uration
O nset
C ourse
A ggravated by
T reatment