

Podiatry Department Request for Assistance Form

Requests will NOT be accepted for routine nail cutting or fungal nail infections, skin care (including corns, callous or verruca) in healthy patients.

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:	Forename:	Surname:
Address:		Date of birth:
Postcode:		
Telephone number:		
Permission to leave message: Yes <input type="checkbox"/> No <input type="checkbox"/>		
GP Practice:	Emergency contact name and telephone number:	
Request for assistance: <i>(please outline below why you are requesting assistance from Podiatry):</i>		
Are you taking antibiotics for this problem? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have an open wound on your foot? Yes <input type="checkbox"/> No <input type="checkbox"/>	
How long have you had this complaint? Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/>		
General Health <i>(please list all conditions you have been diagnosed with or any operations / illnesses you have had e.g. Diabetes, stroke, dementia, physical disabilities):</i>		

Medications (please list all medications / tablets you are taking or attach a recent prescription list):

Have you attended the podiatry department before? Yes No

Would you be happy to be treated in a student clinic? Yes No

Do you require an interpreter? Yes No

NHS Lothian recommends that an approved interpreter is used rather than a friend or family member

Language:

Do you weigh more than 25 stone? Yes No

Wheelchair user? Yes No

Is there any other information you wish to add? (e.g. allergies)

Parental Consent

I would like the Podiatrist to treat my child and I understand that a local anaesthetic may need to be used.

Signed:

Date:

To ensure best practice the Podiatry department request parental consent for all patients under 16.

Children below the age of 12 MUST be accompanied by a parent /guardian at EVERY visit; for subsequent appointments children aged 12 - 15 can attend unaccompanied if parental consent is given.

Consent for child age 12-15 to attend appointments on their own; YES NO

It is preferred that all children under 16 are accompanied by a parent / guardian for every appointment.

**Podiatry Department
NP Admin, Inchkeith House**

139 Leith Walk EH6 8NP

CONTACT CENTRE ☎ 0131 536 1627

Your application will be triaged when the form is fully completed and returned to the above address.

Incomplete forms will be returned

For office use only

Date referral received:	
Priority Appointment: 2days <input type="checkbox"/> 2wks <input type="checkbox"/> 4wks <input type="checkbox"/>	
Heel Pain <input type="checkbox"/> MSK/Routine 1:1 <input type="checkbox"/> Low Risk <input type="checkbox"/>	
Contacted by telephone? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date /Time of Assessment:	

[Place CHI label here]