

## Podiatry Application Form

In order for us to prioritise your foot health need please complete all pages of this form and print clearly.

All information will be treated in the strictest of confidence. You will not receive acknowledgement of our receipt of this form but you will be contacted for an assessment when we have availability.

Whilst we endeavour to keep our waiting times to a minimum, a few weeks wait can be expected.

**Are you completing this application form for yourself or on behalf of someone else? (please tick)**

Myself	Someone else
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**If you are completing the form on behalf of someone else, please add your details below (including your name, address & contact number). Then complete the rest of the form with the applicant's details.**

Your details
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### Applicant's details:

Mr / Mrs / Miss / Ms / Other		Postcode	
First Name		NHS Number (if known)	
Surname		Contact number	
Date of birth		GP name and address	
Home address			



## Health questions

	Yes	No	Details
Are you diabetic? if so, What are your current glucose levels?			
Do you have anaemia?			
Do you have epilepsy, or suffer from fits, fainting or convulsions?			
Do you have any nervous disorders or suffer with depression?			
Do you have any neurological disorders e.g. chorea, multiple sclerosis (MS), parkinsons, polio?			
Do you have any heart problems; e.g. high blood pressure, angina, heart murmur, valve problems or have a pacemaker?			
Do you have breathing problems e.g. asthma, bronchitis, emphysema or tuberculosis (TB)?			
Have you any circulation related problems? e.g. varicose veins, thrombosis or ulcerations?			
Do you have any joint problems such as osteoarthritis, rheumatoid arthritis?			
Do you smoke?			
Do you have any sight or hearing problems?			
Do you have any allergies?			
Have you had any major operations or any serious illnesses?			

## Your consent

I consent to receive treatment		Date	
Signature of applicant			
I have made this application on behalf of the applicant listed above		Date	
Signature of referrer			

When completed please return via:

- **Post:** Podiatry Service, East Surrey Hospital, Therapies (Green Zone), Canada Avenue, Redhill, Surrey, RH1 5RH
- **E-mail:** Please save the form as a PDF document (not a photo/jpg) and then email it to [fchc.podiatry@nhs.net](mailto:fchc.podiatry@nhs.net)

Office Use Only	Priority	Yes	No
Date of receipt:	Specialism		
Triaged By:	Code		