

GLOUCESTERSHIRE PODIATRY SERVICES

Access to NHS podiatry treatment is guided on clinical need taking into consideration your general health and presenting foot condition. We **DO NOT** accept referrals for personal/simple nail care and these referrals will be returned.

Personal Details:					
Title	Mr / Mrs / Ms / Miss / Dr / Prof / Rev	Address Line 1			
First Name		Address Line 2			
Last Name		Address Line 3			
DoB [Format DD/MM/YY]			Postcode		
Occupation		Ethnicity			
Phone No		Mobile No			
Work No		Email			

Preferred Method of Contact:		Home No		Mobile No		Work No		Email:
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GP Name		GP Surgery	
The Podiatry Service is able to offer simple advice and education over the telephone. Please indicate which option you require below:			
Clinical Telephone Conversation		Face-toFace Appointment	Footwear appointment

Special Requirements:		Interpreter		Signer		Carer	
Referred by:	Self/Patient Representative		GP		DN/PN/CDN/HV		
Physiotherapist		Other Health Professional		Please specify:			

Foot Problem Details: (Which of the following foot problems affects you at present? Please tick all relevant responses)							
Foot infection requiring medication from GP				Ingrown Toenail with infection/discharge			
Foot Ulcer		Painful curved nail		Thickened nail		Heel Pain	
Flat Feet		Corns and/or Callous		Dry Cracked Skin		Ankle Pain	
Forefoot Pain		Foot related knee pain		Previous Foot Surgery		Other	
Please specify other:							
Please write which part of the foot is affected and give a brief description e.g. toenail, heel, ankle							
How long have you had the problem?		1 Week		< 6 Weeks		> 6 Weeks	
Is the foot/problem getting?		Better		Worse		The same	

Are you able to work/continue with your home activities?	Yes		No		Not Applicable	
Does Pain from your foot/problem wake you from sleep?	Yes		No		Sometimes	
At its worse how painful is the foot/problem? With '1' being no pain & '10' being extreme (Please Circle)	0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10					
Have you attended Podiatry for this condition before?	No		Yes < 1 Yr		Yes > 1 Yr	
Are you seeing any other Health Care Professional in relation to your foot/problem?	Yes				No	
If Yes	GP		Physio		Orthopaedics	Orthotist
What treatment have you received?						
For this foot/problem have you had:	X-rays		Scan		MRI	Ultrasound
	Other					
What do you want the Podiatry Service to do for you?						

Medical History:									
Diabetes		CVA/Stroke		Neurological Disorder		Inflammatory Arthritis		Neuropathy	
Kidney Disease		Peripheral Arterial Disease		COPD		Amputee: History		Osteo-arthritis	
Mental Illness eg Depression		Dementia		Vulnerable Adult		Other: Specify			
Any additional information:									
Are you on any prescribed medication? If Yes please specify:									

Mobility Details:									
Please select relevant response:	Walk Unaided		Use Stick		Use Frame		Wheel- Chair		
	Housebound								

Returning Completed Form:	
Completed forms can be emailed to the following address:	podiatry.appointments@glos-care.nhs.uk
Completed Forms can be printed and posted to either of the following addresses:	
Podiatry Department Gloucestershire Royal Hospital Great Western Road Gloucester GL1 3NN	Podiatry Department St Paul's Medical Centre 121 Swindon Road Cheltenham GL50 4DP

To enable the Podiatry Service to offer the most appropriate assessment we require as much information as possible. If necessary this form may be returned with a request for additional information