

# Podiatry Services Registration & Referral Form

NHS podiatry treatment is available to those residents of South Manchester with a clinical need.

The Podiatry Department provides a full and comprehensive range of services including.

- Minor surgery for painful corns and nail conditions
- Foot ulcer assessment and management
- · Biomechanical assessment of gait problems
- · Prescription and manufacture of foot orthoses
- Assessment and management of children's foot problems
- Foot health promotion and education
- Basic foot care training for carers

Nail cutting and pedicures for healthy able-bodied persons are NOT available from the NHS.

To request a podiatry appointment please complete all sections on both sides of this form

## **Personal Details**

Surname		Mr.	Mrs.	Miss	Ms
Surname					
Forenames		Date of Birth			
Calling Name		Date of Birth			
Address					
Home Full Address (stacked)					
			Posto	ode	
Telephone Number	NHS	NHS Number			
Patient Home Telephone	Number				
Patient Mobile Telephone					

#### **GP Details**

GP Name Referring User		
Practice Address  Bodey Medical Centre, Ladybarn M14 6WP	rn Court, 28 Ladybarn Lane, Fallowfield, M	lanchester,

## **Ethnic Background**

Ethnic Origin	Tick	Ethnic Origin	Tick	Ethnic Origin	Tick	Ethnic Origin	Tick
Bangladeshi		Chinese		Irish		Vietnamese	
Black British		East African Asian		Middle Eastern		White British	
Other Black		Other African		Pakistani		White Other	
Caribbean		Indian		Somali		Other	
I do not wish to disclose my ethnic background							

(This information helps us to make sure we are reaching all groups of people)

#### Reason for Requesting Treatment Please tick the boxes below that best

## Describe your problem

Is your GP treating you for the following medical conditions	Tick	Foot Problem Needing Treatment	Tick	How painful is your foot problem	Tick
Diabetes		Ulcers & Infection		Constant pain	
Circulation problems		In growing toe nail		Pain only when walking	
Arthritis or Rheumatism		Corns & Callous Occasional pain			
Loss of feeling in feet		Thickened nails		Discomfort	
Other		Other		No pain or discomfort	

#### Please tick in the box to indicate your nearest local clinic

Baguley Clinic	Burnage H.C.	Northenden H.C.
Hall Lane	347 Burnage Lane	489 Palatine Road
Baguley M23 8NA	Burnage M19 1EW	Northenden M22 4DH
Withington Clinic	Forum Health	Brownley Green H.C.
535 Wilmslow Road	Simonsway	Brownley Road
Withington M20 4BA	Wythenshawe M22 5RX	Benchill M22 4GA
Withington Community	Treatment at home	
Hosp	(A very limited service is available	e to patients who are totally
Nell Lane	housebound and a mobility asses	ssment will be undertaken
West Didsbury M20 2LR		

All persons requesting an appointment will have their foot problem(s) assessed by a podiatrist. If treatment is required a treatment plan will be agreed with the patient before treatment commences.

# I confirm that the information given above is correct and I wish to receive a podiatry appointment

Signature of applicant	Date
Parent or Guardian	

#### Official use

Received	Triage	Clinic	Out	

When you have completed  $\underline{\text{all sections}}$  please return this form to the address of the clinic of your choice.