

## 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>

<b>Title:</b>	<b>Forename:</b>	<b>Surname:</b>
<b>Address:</b>		<b>Date of birth:</b>
<b>Postcode:</b>		
<b>Telephone number:</b>		
Permission to leave message: Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>GP Practice:</b>	<b>Emergency contact name and telephone number:</b>	
<b>Request for assistance:</b> <i>(please outline below why you are requesting assistance from Podiatry):</i>		
<b>Are you taking antibiotics for this problem?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Do you have an open wound on your foot?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>How long have you had this complaint?</b> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/>		
<b>General Health</b> <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**

<b>Date referral received:</b>	
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"/>	
<b>Date /Time of Assessment:</b>	

*[Place CHI label here]*