

Office Only
Date Received
TIARA No:
Clinic:.....
Appointment Date:

Charnwood and
North West Leicestershire
Primary Care Trust

Please Return This Form to:

Appointments Clerk, Podiatry Department, Narborough Health Centre
Thornton Drive, Narborough, LEICESTER LE19 2GX
Telephone: 0116 284 9996
Urgent Referrals/ Foot emergencies can be faxed to:0116 275 2470

APPLICATION FOR PODIATRY ASSESSMENT

Please complete this form fully on both sides in black ink and block capitals to help the Podiatry Service with your assessment.

Patient Details

Surname (Mr/Mrs/Miss/Ms)
Forenames Male/Female
Full Address
.....
..... Post Code.....

Telephone Numbers (Including STD Code)

Home Work
Mobile
Consent to leave message on answerphone Yes / No

Next of Kin/Contact/Carer

Name Telephone Number.....

Family Doctor

Market Harborough Medical Centre,
67 Coventry Road,
Market Harborough,
Leicestershire,
LE16 9BX
Tel: 01858 464242

Personal Details

Date of Birth

Podiatry Need

Please explain the current problem you are having with your foot/feet:

.....
.....
.....

Medical History

Please indicate if you have any of the following:

Diabetes Rheumatoid Arthritis Lower Limb Amputation

Do you have any conditions/illnesses for which you are currently taking prescribed medication?
If so, what are they? (ie high blood pressure, heart condition, epilepsy)

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Have you had, or are you waiting for any operations or medical tests? (Please state)

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.....

Do you have any known allergies? (Please state)

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.....

Please list all medication taken regularly, including over the counter drugs / treatment / creams:

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Please indicate if any of the following would affect you if the Podiatry Service needs to make contact.

Deafness Problems with communication Interpreter

Signature Language Referrer (Please Indicate) Patient / DN / GP / AHP / Carer

Date