NHS No:

Pennine Care NHS
NHS Foundation Trust

# TRAFFORD PODIATRY SERVICE

## APPLICATION FORM FOR COMMUNITY PODIATRY ASSESSMENT

**ALL INCOMPLETE REFERRALS WILL BE RETURNED**

**Referral Guidelines – Please read before completing this form**

The NHS Podiatry service is a medical service. Treatment will only be given to patients with a medical condition affecting their feet, those requiring nail surgery, or those with a foot disorder which is assessed by the podiatrist as requiring intervention.

We are unable to provide treatment for simple nail cutting, footwear related corns and callus, and non-painful foot conditions unless this would lead to a critical foot problem if not seen by a podiatrist.

**Details of person completing this form:**

| Name: | | Designation: e.g. self, GP, DN, PN etc. | | Date: | |
|---|---|---|---|---|---|

Patient's signature: _____

(If the applicant is requesting a home visit this form must be completed by a medical professional, please see over page)

**PATIENT DETAILS (please PRINT)**

| Surname | | Forename | | Gender | M / F |
|---|---|---|---|---|---|
| Address and postcode: | | | | | |
| Date of birth: | | GP name: | | | |
| Tel no: | | GP address: | | | |
| Mobile no: | | | | | |
| Emergency contact name & number: | | | Relationship: | | |

**Have you been diagnosed with any of the following conditions: Please tick correct box**

| | | | |
|---|---|---|---|
| Diabetes | Yes / No ☐ ☐ | Managed by: | GP / Hospital<br>Name of consultant: |
| Rheumatoid Arthritis | Yes / No ☐ ☐ | Managed by: | GP / Hospital<br>Name of consultant: |
| Peripheral Vascular Disease | Yes / No ☐ ☐ | Managed by: | GP / Hospital<br>Name of consultant: |
| Any other significant medical condition for which you attend your GP / Hospital – please specify: | | | |
| What problems are you having with your feet?<br>Please describe your foot problem: | | | |
| How does this impact your day to day activities?<br>Please explain: | | | |

| | | |
|---|---|---|
| Please record the current level of pain from your feet: | | 1 2 3 4 5 6 7 8 9 10<br>(1 = insignificant 10 = extreme) |
| Please list all your current medication, or attach a copy of your current prescription list: | | |
| Have you ever had a foot ulcer or amputation? | Yes / No | Please give details: |

| | | |
|---|---|---|
| Are you able to manage your own routine foot care? (Please tick most appropriate) | Yes I am able to manage my own routine foot care | |
| | I have a carer or family member who assists me with foot care | |
| | I have no carer or family member who can assist me with foot care | |

**If you are requesting a home visit and are known to be housebound with your GP surgery you must obtain below the signature of a member of your GP practice team e.g. GP, practice nurse:**

| | | |
|---|---|---|
| | | Name |
| | | Signature |
| | | Designation |

**Choice of Clinic Location:** (please tick the appropriate box)
Please identify which clinic is most convenient for you to attend for assessment:

- ☐ Chapel Road Clinic, Sale *(Tuesday and Thursday evenings available – selected clinic types only)*
- ☐ Delamere Centre, Stretford (bariatric chair available)
- ☐ Seymour Grove Health Centre, Old Trafford
- ☐ Partington Health Centre, Partington
- ☐ Timperley Health Centre, Timperley
- ☐ Woodsend Clinic, Flixton
- ☐ Meadway Health Centre, Sale *(Saturday mornings only – selected clinic types only)*

**Please return the completed form to:**

**Email: -** tspoal@nhs.net
**Or via post to:-**
**Podiatry Referrals**
**Single Point of Access**
**Ground Floor**
**Crossgate House**
**Cross Street**
**Sale**
**M33 7FT**

| | |
|---|---|
| OFFICE USE ONLY | |
| Date: | |
| Triage Category: | |

- The information you have provided will be used to assess whether you are eligible for an NHS Podiatry Assessment.
- Each application will be triaged by a Podiatrist. You may be contacted by telephone to gain further information regarding your application, or to offer appropriate health education advice if you are not eligible for assessment.
- If you are eligible to access the service we will contact you with an assessment appointment.
- At assessment, the podiatrist may:
  1. Offer you advice and no further treatment, at which point you will be discharged from the service.
  2. Arrange a course of treatment, after which point you will be reviewed and either discharged or offered further treatment.