

Podiatry Department Clinic Application Form

The podiatry department does not offer a nail care or cutting service in the absence of any medical or podiatric need. Home visits are by GP referral only. **Based on the information supplied, you may be invited to a group presentation to help you with your foot problem.**

Title: Mr/Mrs/Miss/Ms	First name:	Surname:
Address:		Date of birth:
		Postcode:
Mobile phone:	Work phone: (optional)	Other:
Please tick to allow permission for a telephone message to be left on your answer phone <input type="checkbox"/>		
GP Name and Practice:		
Emergency contact details: Name Address		Relationship Phone no
Do you require an interpreter? Yes <input type="checkbox"/> Language: _____ No <input type="checkbox"/>		
GENERAL HEALTH Please tick if you have any of the following:		
Diabetes <input type="checkbox"/>	Rheumatoid disease <input type="checkbox"/>	Good health <input type="checkbox"/>
Poor circulation <input type="checkbox"/>	Foot/Leg amputation <input type="checkbox"/>	Leg ulcers <input type="checkbox"/>
Dementia <input type="checkbox"/>	Communication difficulties <input type="checkbox"/>	Heart disease <input type="checkbox"/>
Other: _____		
MEDICATIONS None <input type="checkbox"/> Please list any medications/tablets you are taking below:		
FOOT HEALTH Please tick if you suffer from any of the following:		
Heel pain <input type="checkbox"/>	Ingrowing toenail <input type="checkbox"/>	Thickened nails <input type="checkbox"/>
Infection <input type="checkbox"/>	Joint pain in feet <input type="checkbox"/>	Verrucae <input type="checkbox"/>
Foot Ulcer <input type="checkbox"/>		Painful corns <input type="checkbox"/>
		Fungal nails <input type="checkbox"/>
Please give a brief description of why you feel you need a foot assessment:		
Are you off work or unable to care for a dependant because of this problem? Yes <input type="checkbox"/> No <input type="checkbox"/>		
How long have you had this complaint? Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/>		
Are the symptoms worsening? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Additional information (Please attach a separate sheet if required):

LIST OF CLINICS Please note not all clinics offer a five day a week service.

Please tick the most suitable clinic below and return the form to this clinic. An appointment will only be sent when the form is fully completed and returned.

EDINBURGH SECTOR			
CLINIC	ADDRESS	TEL NO	TICK
Craigroyston H.C.	1 Pennywell Road EH4 4PH	0131 315 2121	
Gracemount H.C.	24 Gracemount Drive, EH16 6RN	0131 672 9488	
Inchkeith House	139 Leith Walk, EH6 8NP	0131 536 1627	
Mountcastle H.C.	132 Mountcastle Drive South, EH15 1PZ	0131 549 7335	
South Queensferry	41 The Loan, EH30 9HA	0131 537 4441	
Slateford M.C.	27 Gorgie Park Close EH14 1NQ	0131 536 1627	
Stockbridge HC	1 India Place, EH3 6EH	0131 260 9200	
Wester Hailes HLC	30 Harvesters Way, EH14 3JF	0131 536 1627	
EAST LOTHIAN SECTOR			
CLINIC	ADDRESS	TEL NO	TICK
Dunbar M.C.	Queens Road, EH42 1EE	01368 861 419	
Musselburgh PCC	Inveresk Rd, Musselburgh EH21 7BP	0131 536 1627	
North Berwick H.C.	St Baldred's Road, EH39 4PU	01620 897 010	
Roodlands Hospital	Hospital Road, Haddington EH41 3PF	0131 536 8472	
MIDLOTHIAN SECTOR			
CLINIC	ADDRESS	TEL NO	TICK
Bonnyrigg H.C.	109-111 High Street, EH19 2DA	0131 536 1627	
Dalkeith M.C.	25 St Andrews Street, EH22 1AP	0131 561 5563	
Gorebridge	15 Hunterfield Road EH23 4TP	01875 823 740	
Newbattle M.C.	Blackcot Road, Mayfield, EH22 4AA	0131 561 9243	
Penicuik H.C.	37 Imrie Place, EH26 8LF	01968 671 520	
WEST LOTHIAN SECTOR			
CLINIC	ADDRESS	TEL NO	TICK
St John's Hospital	Howden Road West, Livingston EH54 6PP	01506 523180	

FOR OFFICE USE

Date Received.....