****

**REQUEST FOR PODIATRY ASSESSMENT & TREATMENT**

**The information given on this form will be entered onto a computer and under the terms of the**

**DATA PROTECTION ACT 1998 will be treated in a secure and confidential manner.**

# **ABOUT YOU –** **To be completed by the Patient**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title |  | Surname |  | | | | | |
| First name | |  | | | E-Mail Address - | | |  |
| Date of Birth | | | |  | NHS Number |  | | |
| Home Address  (including post code) | | | |  | | | | |
| Tel No  (including code) | | | |  | Work No  (including code) | |  | |
| Mobile No | | | |  | | | | |
| Name of GP Surgery | | | |  | Surgery Tel No | |  | |
| Surgery Address | | | |  | | | | |
| Emergency Contact Name | | | |  | Relationship | |  | |
| Tel No (including code) | | | |  | Mobile No | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| THIS SECTION IS FOR ADMIN USE ONLY | | | |
| Date Received Referral | Allocated  Clinic | Appt Date Given | Letter Sent |

|  |  |  |
| --- | --- | --- |
| **ABOUT YOUR HEALTH AND FOOT PROBLEM –** To be completed by the Patient / Referrer | | |
| Do you receive treatment for any of the following: | Diabetes | YES / NO |
| Loss of sensation in feet | YES / NO |
| Heart Disease | YES / NO |
| Poor circulation | YES / NO |
| Please specify any other medical condition that you currently have. |  | |
| Please list all medication you are currently taking: (**Please attach your Pharmacists list or bring with you to your first visit)** |  | |
| Do you have any allergies? |  | |
| **Please give a brief description of your foot problem:** |  | |
| Do you visit the Hospital for other consultations? |  | |

**THE APPOINTMENT CHARGE IS £12 PAYABLE AT EACH VISIT.**

**PLEASE RETURN THIS FORM TO:**

**Podiatry Appointments,**

**University of Huddersfield,**

**Ramsden Building,**

**Queensgate,**

**Huddersfield**

**HD1 3DH or**

**Email podiatry.clinic@hud.ac.uk**

Where did you hear about the Podiatry Clinic?

Please look at the following list and click the check box for the relevant option.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **A** |  | **From a current patient** | **G** |  | **Referred by your GP/practice nurse** |
| **B** |  | **Newspaper articles** | **H** |  | **Your Chiropodist** |
| **C** |  | **Poster outside building** | **J** |  | **Your Physiotherapist** |
| **D** |  | **Website** | **K** |  | **Through the University** |
| **E** |  | **Personal**  **recommendation** | **L** |  | **You are a member**  **of staff at the University** |
| **F** |  | **Personal enquiry** | **M** |  | **You are a student at the University** |