



PODIATRY SERVICES – Helping you care for your feet

APPLICATION FOR NHS PODIATRY ELIGIBILITY ASSESSMENT IT IS ESSENTIAL THAT ALL SECTIONS ARE COMPLETED GIVING AS MUCH INFORMATION AS POSSIBLE

PATIENT DETAILS

Miss/Mrs/Ms/Mr/Other Day Time Telephone.....

Mobile Number
(Please indicate N/A if no numbers are available)

NAME DOB

ADDRESS.....

..... POST CODE

G.P. NAME & PRACTICE

.....

PARENTAL RESPONSIBILITY DETAILS FOR PERSONS UNDER 16 YEARS (normally birth mother)

NAME

RELATIONSHIP TO CHILD

EXCLUSION CRITERIA

Cardiff & Vale NHS Podiatry Services do not provide:-

- A service to cut thick or normal nails for those individuals who are healthy or a low/medium medical risk (using service patient safety taxonomy).
- Initial diabetic foot screening – this should be undertaken at G.P. Practice.
- On going foot care for individuals with minor lesions e.g. mild - seed corns, mild callous or mild corns.
- Ongoing routine podiatry care for in growing toe nails or curved nails where surgery is the best option.
- Treatment to individuals who are non compliant to an agreed treatment plan.
- Home visits for individuals who are not housebound (using service assessment tool).
- Block School or Residential Home sessions, but individuals are treated.

INCLUSION CRITERIA

Patients are given an initial assessment of eligibility by the service. Then, based on clinical risk taking into account medical and foot health, a treatment package may be offered. Those with a lower level of need may be offered advice on self care, education and sign posting to alternative services.

REASON FOR REFERRAL: (Please tick as appropriate and give details)

SKIN	Please Tick	FOOT STRUCTURE	Please Tick	NAILS	Please Tick
Foot Ulcer		Structural Foot Problem		Infected In-growing Nail	
Infected Foot Wound		Joint pain		In-growing Nail	
Corn		Heel Pain		Thickened Nail	
Callous		Pain on walking		Fungal Nail	
Foot Skin Complaint		Toe deformities		Damaged Nail	

Medical History	Details including all medication taken
Diabetes – must include copy of annual diabetic foot screening from G.P. Practice	
Circulatory Problems	
Blood Disorders e.g. Pernicious Anaemia	
Arthritis e.g. Rheumatoid Arthritis	
Chronic Chest Complaints e.g. Emphysema	
Other (Please give details)	

Additional Space for Referral Information including social factors such as mobility, care arrangements, communication needs.

This is a teaching University Health Board and it is possible that podiatry students may be present at your appointment or treating you under the supervision of a specialist podiatrist (an important part of the training of future podiatrists). If you object to this please inform the administration staff when your first appointment is being arranged.

SIGNED..... DATE

HEALTH PROFESSIONAL REFERRALS ONLY – Please add a referral letter if deemed appropriate.

NAME..... TITLE

SIGNED DATE

PLEASE CHECK FORM IS COMPLETED IN FULL TO PREVENT RETURNING AND SO DELAYS
PLEASE SEND COMPLETED FORM AND ANY ADDITIONAL REPORTS OR REFERRAL LETTERS TO:-
PODIATRY PATIENT MANAGEMENT CENTRE
CARDIFF ROYAL INFIRMARY
NEWPORT ROAD,
CARDIFF. CF24 0SZ