# NHS Western Isles Podiatry Service

**If you have email access, please return forms to wi.podiatry@nhs.scot (if possible including photographs)**

| | | | | | |
|---|---|---|---|---|---|
| **Name:** | | **M** ☐ **F** ☐ | **Date of Birth:** | | |
| **Address:** | | | **Home** | | |
| | | | **Mobile** | | |
| | | | **Work** | | |
| **Post Code** | | **e-mail** | | | |
| **GP Practice** | | | **Tel No.** | | |
| **Does client have:** | Power of attorney ☐ Guardianship ☐ N/A ☐ | | | | |

## Why are you referring yourself to Podiatry?

(Please circle YES in the appropriate box)

| | | |
|---|---|---|
| **I have a foot ulcer** | A wound to your foot which may be discharging fluid. Surrounding skin will look normal<br>(Please note: If infected, surrounding skin may be red, hot, swollen, painful; you may also need to contact your GP) | YES |
| **I am concerned about the circulation in my leg(s)** | One, or both legs have recently, or suddenly, become cold, changed colour or become very painful | YES |
| **I am in intense pain** | My foot pain is so bad that I cannot walk properly | YES |
| **I have an ingrown toenail** | My nail has pierced the flesh and there is discharge from the wound<br>(Please note: If infected, surrounding skin may be red, hot, swollen, painful; you may also need to contact your GP) | YES |
| **I am in pain** | You have daily foot or ankle pain which is annoying but not disabling | YES |
| **One or more nails is not manageable** | Some of your nails may be extremely thick, painful, mis-shapen or neglected (this does not include personal nailcare) | YES |
| **I have a painful corn** | You have an area of callus on your foot which is causing discomfort | YES |
| **Other** | Please give details if your problem is not described above: | |

How long have you had this problem?

Less than 2 wks ☐ 2-12 weeks ☐ 3-12 months ☐ Over 1 year ☐

**Please note incomplete forms will be returned which may result in a delay issuing an appointment.**

| | |
|---|---|
| **What medical conditions do you have?** | **(Just write NONE if you have no medical conditions)** |
| **What daily medication do you take?** | **(Just write NONE if you do not take regular medication)** |
| **What allergies do you have?** | **(Just write NONE if you do not have any allergies)** |

| | |
|---|---|
| **Appointment Support:** | If you require communication support please specify below |
| **Language Line** ☐ | **None required** ☐ |
| Please tick to give permission for Podiatry services to request an abbreviated medical summary from your GP YES ☐ NO ☐ | |

| | | | |
|---|---|---|---|
| **Emergency Contact:** | | | |
| **Name** | | **Tel. no.** | |

| | |
|---|---|
| **Name of referrer:** | **Date:** |
| **Relationship if completing on behalf of patient:** | |

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