

Podiatry Service Call Centre

South Wigston Health Centre
80 Blaby Road, South Wigston
Leicester, LE18 4SE
Tel: 0116 2255118

Email : llr.podiatry@nhs.net

APPLICATION FOR PODIATRY ASSESSMENT

Please note –the Podiatry Service does NOT provide routine nail cutting unless you are classed as medically high risk e.g. High Risk Diabetic or severe circulation problems

NHS NO		TITLE (tick)	MR	MRS	MISS				
SURNAME		FORENAME							
Date of Birth		FAMILY GP NAME & ADDRESS							
FULL ADDRESS		NEXT OF KIN/ CARER CONTACT	Name:						
POSTCODE			Telephone:						
☎ Preferred Telephone Number:		Consent to leave answer phone messages & send text							
		Yes <input type="checkbox"/> No <input type="checkbox"/>							
Email Address:									
	(by supplying your email; we will assume we have consent to contact you in this way)								
Need an Interpreter		Please state language							
REASON FOR REFERRAL / WHAT IS YOUR FOOT PROBLEM?									
ARE YOU DIABETIC?	Yes		No		DO YOU HAVE AN OPEN WOUND?	Yes		No	
REFERRED BY:	Patient		Carer		Health Care Professional				
Print Name (if you are not the patient):									

On receipt of your application form we may contact you for further information and in some cases a clinician may contact you prior to an appointment being made