

Podiatry Department clinic application form
For Edinburgh, East Lothian and Midlothian CHPs



Based on the information supplied, you may be invited to a group presentation to help you with your foot problem. **Incomplete forms will be returned.**

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.

Title: Mr/Mrs/Miss/Ms	First name:	Surname:
Address:		Date of birth:
		Postcode:
Home phone:	Work phone: (optional)	Mobile phone:
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"/>		
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"/>		
Are you off work or unable to care for a dependant because of this problem? Yes <input type="checkbox"/> No <input type="checkbox"/>		
GENERAL HEALTH Please tick if you have any of the following: Good health <input type="checkbox"/>		
Diabetes <input type="checkbox"/>	Foot/Leg ulcers <input type="checkbox"/>	Rheumatoid arthritis <input type="checkbox"/>
Poor circulation <input type="checkbox"/>	Heart disease <input type="checkbox"/>	Foot/Leg amputation <input type="checkbox"/>
Other:		
MEDICATIONS None <input type="checkbox"/>		
Please list all medications/tablets you are taking:		
FOOT HEALTH		
Please tick if you suffer from any of the following:		No pain <input type="checkbox"/>
Infection or ulcer <input type="checkbox"/>	Ingrowing toenail <input type="checkbox"/>	Thickened nails <input type="checkbox"/> Painful corns <input type="checkbox"/>
Heel pain <input type="checkbox"/>	Pain on walking <input type="checkbox"/>	Joint pain in feet <input type="checkbox"/> Verrucae <input type="checkbox"/>
Unable to cut nails <input type="checkbox"/>	Fungal nails <input type="checkbox"/>	
Please give a brief description of why you feel you need a foot assessment:		

Please note your preferred appointment day and time.

Not all clinics offer a five days a week service.

Monday am/ pm Tuesday am/ pm Wednesday am/ pm Thursday am/ pm Friday am/ pm

Additional information:

LIST OF CLINICS

EDINBURGH SECTOR			
CLINIC	ADDRESS	TEL NO	TICK
Gracemount H.C.	24 Gracemount Drive, EH16 6RN	0131 672 9488	
Inchkeith House	139 Leith Walk, EH6 8NP	0131 537 4550	
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 455 9860	
Stockbridge H.C.	1 India Place, EH3 6EH	0131 260 9200	
Wester Hailes HLC	30 Harvesters Way, EH14 3JF	0131 453 9372	
EAST LOTHIAN SECTOR			
CLINIC	ADDRESS	TEL NO	TICK
Dunbar M.C.	Queens Road, EH42 1EE	01368 861 419	
Musselburgh Primary Care Centre	Inveresk Rd, Musselburgh	0131 446 4018	
North Berwick H.C.	St Baldred's Road, EH39 4PU	01620 897 010	
Prestonpans H.C.	Preston Road, EH32 9QS	01875 818 076	
Roodlands Hosp	Hospital Road, Haddington	0131 536 8455	
MIDLOTHIAN SECTOR			
CLINIC	ADDRESS	TEL NO	TICK
Bonnyrigg H.C.	109-111 High Street, EH19 2DA	0131 537 9857	
Dalkeith M.C.	25 St Andrews Street, EH22 1AP	0131 561 5563	
Gorebridge M.C.	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	

Please return this form to the clinic indicated above.

An appointment will only be sent when the form is fully completed and returned.

FOR OFFICE USE

Date received

Date and time of assessment.....

Date assessed Patient number