

MEDICAL INFORMATION

Do you have any of the following conditions? Please tick if present.

- Diabetes
- Rheumatoid Arthritis
- Systemic Lupus Erythematosus, Systemic Sclerosis or similar condition
- Risk of infection e.g. following a transplant, chemotherapy treatment
- Have an open/weeping sore or an inflamed or infected area of the foot
- Impaired foot circulation
- Severe foot deformity

Please give details.....
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Please list your medications.....
.....
.....

Please give details of any other medical conditions or circumstances you think are important.
Please include any injuries sustained during military service.
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SIGNATURE.....PRINT NAME.....
DATE.....

if not the patient please state Relationship to patient.....

Contact details of referrer.....

N.B The completion of this form does not guarantee a podiatry assessment. Patients who are not able to access NHS podiatry assessment and treatment, may be offered foot care advice. Guidance on how to access private podiatry services may be obtained from the Trust Patient Liaison Advisory Officer.

When complete, please return the form to: -

Podiatry Department
Health Services at Wolves
The Martin Dawes Stand
Winwick Road, Warrington WA2 7NE
Telephone: 01925 251403 FAX 01925 251566