

# PODIATRY SELF REFERRAL FORM

Please complete all sections fully.

Surname.....Mr/Mrs/Ms/Miss.....  
Forenames.....Date of Birth.....  
Address with postcode.....  
.....Tel no.....  
Family doctor's name and address.....  
.....

If you have had podiatry/chiropractic treatment before, please state where, when and reference number

**General Health. Please tick if you have had any of the following:**

Poor circulation to legs	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
Rheumatoid arthritis	<input type="checkbox"/>	Stroke	<input type="checkbox"/>
Osteoarthritis of knee or hip	<input type="checkbox"/>	Eczema or psoriasis	<input type="checkbox"/>
Ulcers on feet	<input type="checkbox"/>	Ulcers on legs	<input type="checkbox"/>
Amputation of leg or foot	<input type="checkbox"/>	Heart disease	<input type="checkbox"/>
Operations to your feet	<input type="checkbox"/>		

Please give details of any other operations, injuries, medical problems or allergies.....  
.....

Please list all medications/tablets you are taking.....  
.....

**Foot health. Please tick if you suffer from any of the following:**

Infection or ulcer	<input type="checkbox"/>	Damaged or thickened nails	<input type="checkbox"/>
Ingrowing toenail	<input type="checkbox"/>	Persistent joint pain in feet	<input type="checkbox"/>
Discomfort/pain on walking	<input type="checkbox"/>	Heel pain	<input type="checkbox"/>
Painful corns or callous	<input type="checkbox"/>	Verrucas (warts)	<input type="checkbox"/>
Structural foot problem	<input type="checkbox"/>	Curly/bent toes	<input type="checkbox"/>

Please specify your main foot problem/reason for appointment request. This will help the podiatrist agree a treatment plan with you.....  
.....

Signature.....Date.....

If referral is being made on patient's behalf by another person, please give name of referrer.....  
.....

Contact address.....

.....Tel. No.....

**Please send this request to: Podiatry Department, West Wales General Hospital,  
Carmarthen SA31 2AF: Tel: 01267227058**