

Registration & Referral Form

NHS podiatry treatment is available to those residents of South Manchester with a clinical need.

The podiatry department provides a full and comprehensive range of services including:

- minor surgery for painful corns and nail conditions
- foot ulcer assessment and management
- biomechanical assessment of gait problems
- prescription and manufacture of foot orthoses
- assessment and management of children's foot problems
- foot health promotion and education
- basic foot care training for carers

Nail cutting and pedicures for healthy able bodied persons are **NOT** available from the NHS.

To request a podiatry appointment please complete all sections on both sides of this form

Personal Details

Surname	Mr	Mrs	Miss	Ms
Forenames	Date of birth			
Address		Postcode		
Telephone No.	NHS No.			

GP Details

GP name
Practice address

Ethnic Background/Origin (Please tick the appropriate box)

(This information helps us to make sure we are reaching all groups of people)

- | | | | | | | | |
|---------------|--------------------------|--------------------|--------------------------|----------------|--------------------------|---------------|--------------------------|
| Bangladeshi | <input type="checkbox"/> | Chinese | <input type="checkbox"/> | Irish | <input type="checkbox"/> | Vietnamese | <input type="checkbox"/> |
| Black British | <input type="checkbox"/> | East African Asian | <input type="checkbox"/> | Middle Eastern | <input type="checkbox"/> | White British | <input type="checkbox"/> |
| Other Black | <input type="checkbox"/> | Other African | <input type="checkbox"/> | Pakistani | <input type="checkbox"/> | White Other | <input type="checkbox"/> |
| Caribbean | <input type="checkbox"/> | Indian | <input type="checkbox"/> | Somali | <input type="checkbox"/> | Other | <input type="checkbox"/> |

I do not wish to disclose my ethnic background

Podiatry Service

Reason for Requesting Treatment (Please tick the boxes below which best describe your problem)

Is your GP treating you for the following medical conditions	Foot problem needing treatment	How painful is your foot problem
Diabetes <input type="checkbox"/>	Ulcers and Infection <input type="checkbox"/>	Constant pain <input type="checkbox"/>
Circulation problems <input type="checkbox"/>	In-growing toe nail <input type="checkbox"/>	Pain only when walking <input type="checkbox"/>
Airthritis or Rheumatism <input type="checkbox"/>	Corns and Callous <input type="checkbox"/>	Occasional pain <input type="checkbox"/>
Loss of feeling in feet <input type="checkbox"/>	Thickened nails <input type="checkbox"/>	Discomfort <input type="checkbox"/>
Other <input type="checkbox"/>	Other <input type="checkbox"/>	No pain or discomfort <input type="checkbox"/>

Please list any medication and other problems or symptoms here

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Local Clinics (Please tick the box which indicates your nearest local clinic)

- | | | |
|---|---|--|
| Baguley Clinic <input type="checkbox"/>
Hall Lane
Baguley M23 8NA | Burnage H.C. <input type="checkbox"/>
347 Burnage Lane
Burnage M19 1EW | Northenden H.C. <input type="checkbox"/>
489 Palatine Road
Northenden M22 4DH |
| Withington Clinic <input type="checkbox"/>
535 Wilmslow Road
Withington M20 4BA | Forum Health <input type="checkbox"/>
Simonsway
Wythenshawe M22 5RX | Brownley Green H.C. <input type="checkbox"/>
Brownley Road
Wythenshawe M22 4GA |
| Withington <input type="checkbox"/>
Community Hospital
Nell Lane
West Didsbury
Manchester M20 2LR | Treatment at home <input type="checkbox"/>

(A very limited service is available to patients who are totally housebound and a mobility assessment will be undertaken) | |

All persons requesting an appointment will have their foot problem(s) assessed by a podiatrist. If treatment is required a treatment plan will be agreed with the patient before treatment commences.

I confirm that the information given above is correct and I wish to receive a podiatry appointment

Signature of applicant Date

Parent or Guardian

Official use

Received	Triage	Clinic	Out
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When you have completed all sections please return this form to the address below:

**Department of Podiatry (Registrations Clerk)
Northenden Health Centre
489 Palatine Road
Manchester M22 4DH**