

Podiatry Direct self-referral form

Please complete this form in block capitals using black ink.

Please note that self-referral is only open to those registered with a GP in Heywood, Middleton and Rochdale. Self-referral is also not accepted for routine nail cutting and skin care, including corns and callus in healthy patients, verrucas, bunions, or fungal nail infections.

Date: NHS number:

Surname: Forename:

Male: Female: Date of birth:

Address:

Postcode:

GP Name:

GP Practice:

Your contact number:

Home: Work:

Mobile:

If patient is under 16 years of age please complete details of Parent/Guardian below:

Name:

Relationship:

Address if different to above:

Do you require an interpreter? Yes No

If so which language?

About your problem

Do you have or have ever had a history of:

Diabetes Stroke Loss of feeling in feet Immune system disorder

Leg/foot amputation Poor circulation Rheumatoid arthritis Cancer

Which of the following foot problems affects you at present?

Please tick the relevant responses:

Foot infection	<input type="checkbox"/>	Foot Ulcer/wound	<input type="checkbox"/>
Ingrowing Toenail	<input type="checkbox"/>	Painful curved nail	<input type="checkbox"/>
Thickened Nail	<input type="checkbox"/>	Fungal nails	<input type="checkbox"/>
Corns and/or Callus	<input type="checkbox"/>	Dry cracked skin	<input type="checkbox"/>
Foot related knee pain	<input type="checkbox"/>	Heel pain	<input type="checkbox"/>
Previous foot surgery	<input type="checkbox"/>	Painful flat feet	<input type="checkbox"/>
Achilles/Ankle pain	<input type="checkbox"/>	Forefoot pain	<input type="checkbox"/>
Other- Please specify	<input type="checkbox"/>		

What part of the foot is affected? Please give a brief description:

How long have you had this problem?

If the problem is getting worse? Yes No

Do you weigh more than 25 stone/ 350 lb /158.75 kilos?

Yes No

(If you have answered yes, your appointment may need to be accommodated at a specific treatment location)

Please print this form out and post to:

HMR Single Point of Access, 3rd Floor, Brook House,
Oldham Road, Middleton M24 1AY

Booking a clinic appointment

Please contact the service five working days after you return the form to allow us to process your referral. The contact number is 0161 716 5888.

Not all patients will require an appointment, you may be sent a specific leaflet for self-care or directed to the department's website instead.