

Application form for Podiatry Services (Foot Health)

For NEW patients only

Please complete both sides of the form

Personal Details

Surname (Mr/Mrs/Miss/Ms)..... Forename.....
Address.....
..... Postcode.....
Home phone number..... Mobile Number.....
GP Name..... Practice address.....
..... NHS number.....
Date of Birth..... Ethnicity

History of presenting complaint/ examination findings / Investigation results / reason for referral

Past medical history, current or recent medication

(Computer generated form acceptable)

Clinical warnings, allergy, blood borne virus

Signature of referrer:

Date:

**PLEASE COMPLETE AS FULLY AS POSSIBLE TO ENABLE APPROPRIATE TRIAGE AND ASSESSMENT
ARE PROVIDED.**

Please return to: Solihull Community Services
Podiatry Service
Chelmsley Wood Primary Care Centre
Chelmsley Wood
Birmingham
B37 5BU
Telephone: 0121 717 4330
Fax number : 0121 424 4818