


<i>For office use only</i>		 NHS Highland Location code
Urgent /Routine/MSK/ B5		

NHS Highland Podiatry Service DOES NOT carry out SIMPLE nail cutting

Each patient will be assessed so an individually tailored management plan can be agreed.
 Treatment may not be given during this initial assessment.

Please return completed forms to:

Highland Podiatry Department, 24 Abban Street, Inverness IV3 8HH (Tel. 01463 723250)

All sections must be completed in BLOCK CAPITALS

Personal Information				
First name:		M <input type="checkbox"/> F <input type="checkbox"/>	DOB:	
Surname:			Title	
Address:		Please place 'X' in box to indicate your preferred contact	Home	<input type="checkbox"/>
			Mobile	<input type="checkbox"/>
			Work	<input type="checkbox"/>
Post Code		e-mail		<input type="checkbox"/>
GP Practice		Tel No.		

Reason for referral (you can select more than one option)		
Side:	Left <input type="checkbox"/>	Right <input type="checkbox"/> Both <input type="checkbox"/>
Region of the Foot:	Toes <input type="checkbox"/> Heel <input type="checkbox"/> Arch <input type="checkbox"/> Top of Foot <input type="checkbox"/> Sole of Foot <input type="checkbox"/> Side of Foot <input type="checkbox"/> Ankle <input type="checkbox"/>	
Other Lower Limb Regions :	Knee <input type="checkbox"/> Hip <input type="checkbox"/> Back <input type="checkbox"/>	
Structure:	Nails <input type="checkbox"/> Skin <input type="checkbox"/> Muscle/Tendon <input type="checkbox"/> Joint <input type="checkbox"/> Other <input type="checkbox"/> (specify)	
	Yes	No
Is the problem area red?	<input type="checkbox"/>	<input type="checkbox"/>
Is the problem area swollen?	<input type="checkbox"/>	<input type="checkbox"/>
Is the problem area bleeding / discharging / weeping?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently taking, (or have recently taken), antibiotics for this problem?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any other information you wish to add?		

Continue overleaf