

## NHS Highland Podiatry Service does not carry out simple nail cutting.

ALL sections MUST be completed in BLOCK CAPITALS.

**Incomplete forms will be returned.**

NB: Your first appointment may be for assessment only.

Treatment may not be given during this assessment.

### Please return completed forms to

Highland Podiatry Centre  
24 Abban Street  
Inverness  
IV3 8HH  
Tel. 01463 723250

Chi .....

Name .....

Title

Surname

First name(s)

Address

Post code

Date of Birth

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Home Tel.

Work Tel.

Mobile Tel.

Other Tel.

GP's Name

Dr

GP's Address

Tel.

Post code

Please list all **Medical Conditions** and any **Physical Disability**  
 (e.g. diabetes, heart, kidney disease, mental health, etc) (e.g. blind, wheel chair, etc)

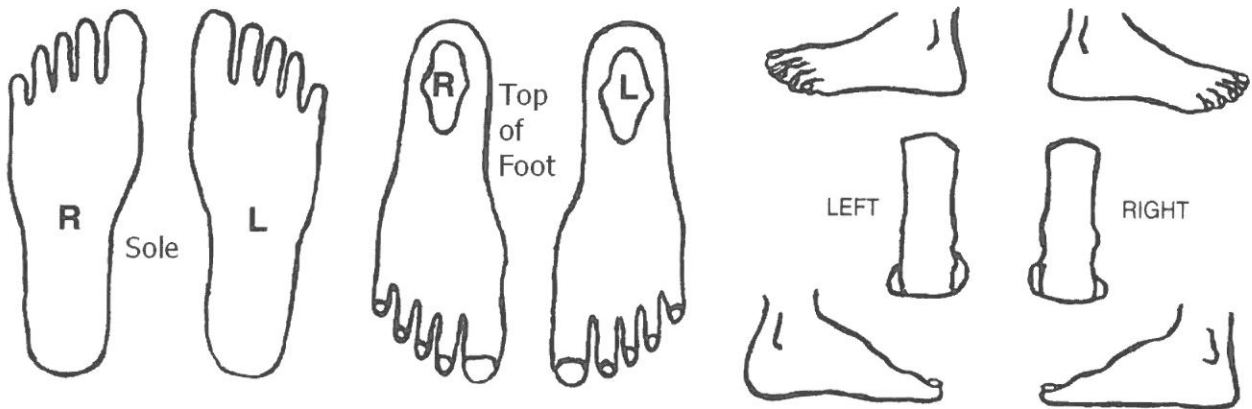
If <b>NONE</b> please tick this box	

Please list all your current medications (attach a prescription tear-off slip if possible)

If <b>NONE</b> please tick this box	

**Allergies:**

Use the diagram below to show where your feet are concerning you. Circle the relevant part(s).



**NHS PODIATRY DOES NOT CARRY OUT SIMPLE NAIL CUTTING**

**Briefly describe your concerns. How do you think podiatry can help?**

<b>Signed</b>		Date stamp office use only

**Relationship if signing on behalf of patient.**

Office use only		
Location Code	Urgent	GP / Practice Code