



<b>Hywel Dda Health Board</b> <b>Podiatry and Surgical Appliances</b> <b>(Pembrokeshire)</b> <b>APPLICATION FOR ASSESSMENT</b>			<b>Department of Podiatry and Orthotics</b> <b>Haverfordwest Health Centre</b> <b>Haverfordwest</b> <b>SA61 1TE</b> <b>Tel :01437 774267</b>					
HOSP NO				NHS NO				
TITLE		FIRST NAME		SURNAME				
ADDRESS								
POST CODE				DOB				
HOME 				DAYTIME / MOBILE 				
DOCTOR				GP SURGERY				
<b>Patient Criteria</b>								
<b><u>WE DO NOT PROVIDE</u></b>								
<ul style="list-style-type: none"> <li>• The cutting of normal or thickened nails (Social Nail Care)</li> <li>• Ongoing care for ingrown toenails or involuted nails where surgery is the best option</li> <li>• Treatment of Fungal nails</li> <li>• Treatment to non compliant patients</li> <li>• Home visits for patients who are not housebound</li> </ul>								
<b>Reason for Podiatric Referral</b>								
<b>SKIN</b>		<input checked="" type="checkbox"/>	<b>FOOT STRUCTURE</b>		<input checked="" type="checkbox"/>	<b>NAILS</b>		<input checked="" type="checkbox"/>
Foot Ulceration / Infection			Persistent heel/joint pain in feet			Infected Ingrown toe-nail		
Corns / Callous			Pain on walking /abnormal Gait			Non-infected Painful Nail		
Foot skin complaint			Footwear problems			Grossly thickened nails		
Other (specify)			Other (specify)			Other (specify)		
<b>Medical Conditions</b>		<input checked="" type="checkbox"/>	<b>Details including Duration / Medication</b>					
Diabetes			(Please attach annual foot screening results from G.P. practice)					
Heart Disease								
Poor Circulation to legs								
Stroke								
Rheumatoid Arthritis								
Other								
Additional Information								
Referred by (Print)		Designation		Signed		Date		
Hosp		Ward		Consultant		Discharge Date expected		
<b>OFFICIAL USE</b>								
Date Received				Urgent		Routine		
Podiatry No				Clinic				