

Podiatry Service
Application for Treatment Form

NHS podiatry treatment in Cambridgeshire and Peterborough is currently only available to those who fall into either of the following groups:

- People who have a medical condition which can make their feet more vulnerable to complications such as infections and ulcers and who require treatment for an active foot condition. Assessments will only be offered to those that have a complaint (Box A) and a condition (Box B) overleaf.
- People who require a specific type of treatment for their foot ailment such as foot surgery for minor foot deformities, nail surgery for ingrown toenails, or a gait assessment for foot problems which may require insoles.

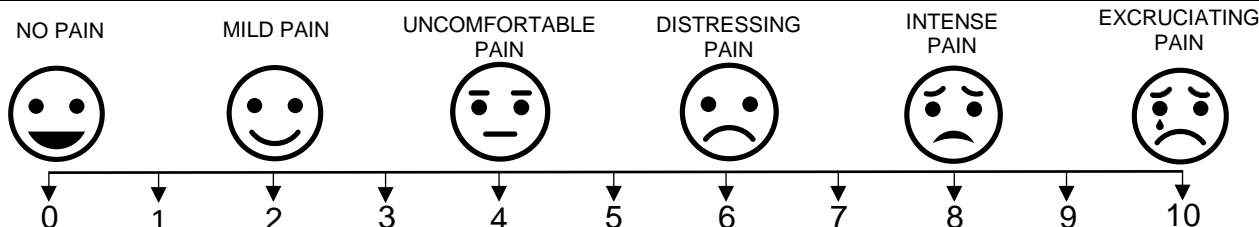
WE ARE UNABLE TO PROVIDE CARE FOR PEOPLE WHO REQUIRE NAIL CUTTING ONLY.
To avoid an unnecessary delay in offering an appointment, please complete all relevant sections.

PLEASE NOTE TREATMENT MAY REQUIRE USE OF SHARP INSTRUMENTS.

NHS Number:		Date of Birth:	
Surname:		Forenames:	
Address: (Please include your postcode)		Landline Number:	
		Mobile Number:	
Email address:			
• Do you consent to voicemail messages?		YES	NO
• Do you consent to text messages?		YES	NO
• Do you consent to emails?		YES	NO
• Do you have a carer?		YES	NO
• Do you consent to share information such as appointments with relatives/carers?		YES	NO
• Do you have any additional needs e.g. interpreter, signer?		YES	NO
If yes, please provide details:			

GP Practice Address:		GP Practice telephone number:	
		GP's Name:	
		Name and designation if not patient:	

If you suffer with pain in your foot:	
Describe the pain and when it occurs:	
Give it a pain score out of 10 (0 being no pain and 10 being the worst pain)	



BOX A	Please describe problem in more detail
Main reason for Referral	
Pain: e.g. heel pain, toe pain, foot pain	
Nail pathology: e.g. Ingrown toe or thickened painful nails	
Corn/callus: painful hard skin	
Foot ulceration, open wound or signs of foot infection (e.g. red, hot, swollen, painful, smelly)	
Foot deformity e.g. bunion, clawed toes, arthritic nodules	
Loss of sensation in feet or legs, numbness, burning sensation, pins and needles.	
Other, please specify:	

BOX B			
Do you suffer from any of the following (please tick all those that apply):			
Diabetes	<input type="checkbox"/>	Rheumatoid arthritis	<input type="checkbox"/>
Impaired immune system	<input type="checkbox"/>	Current chemo/radiotherapy	<input type="checkbox"/>
Amputation of leg, foot or toes	<input type="checkbox"/>	None of the above	<input type="checkbox"/>
PLEASE BRING IN A LIST OF ALL YOUR CURRENT MEDICATION			

If this application meets the podiatry service access criteria, an appointment will be arranged for a triage assessment. The letter will be posted to the address above. However, if there is insufficient information given, the podiatrist may contact you for further details. In the event of the access criteria not being met, the patient and/or referrer will be notified in writing.

Please email the completed form to: cpm-tr.podiatry@nhs.net or contact the Podiatry Department (Tel Nos: 03307 260077): CPFT Admin Hubs at:

- **Huntingdon:** Redshank House, Hinchingsbrooke Business Park, Huntingdon PE29 6FN
- **Peterborough:** 1 Commerce Road Lynchwood Business Park, Peterborough PE2 6LR
- **East Cambs/Fenland:** Alan Conway Court, Doddington Hospital, Benwick Road, Doddington, Cambs, PE15 0UG
- **Cambridge/South Cambs:** South Cambs District Council, South Cambs Hall, Cambourne, Cambridge, CB23 6EA