

Private and Confidential - Podiatry Self Referral Form

Please read accompanying leaflet '**Information for patients**' before completing the self referral form.

This leaflet will provide you with information on eligibility on accessing the Podiatry Service as well as self management options for your foot condition. On completion of your form please post to the following address or email to:

Podiatry Service
Aberdeen Health and Care Village
50 Frederick Street
Aberdeen, AB24 5HY

Email: gram.podiatryselfreferral@nhs.scot

Your self referral will be reviewed by the Podiatrist and you will be contacted by letter with the outcome, this may include an assessment or self management options.

Patient Details				
Surname:	Date of Birth:	dd	mm	yy
Forename:	Contact Number:			
Address:	Contact by Text Message:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Date of Referral Received:	dd	mm	yy
Postcode:	Referral Completed:	dd	mm	yy

Have you received treatment from a Podiatrist before (if yes, please provide more detail e.g foot condition, Location of Podiatrist, etc)

Please describe your foot problem (e.g. duration of problem, type of pain experienced, self treatment options used)

Do you have any existing medical conditions (e.g. Diabetes, Renal Disease, Rheumatoid Arthritis)

Yes No

If yes please detail:

Do you have any mobility concerns (e.g. use of walking aid, wheelchair, chair/bed bound)

Yes No

If yes please detail:

To support the assessment of your referral, the Podiatrist would request access to your medical information contained within your Key Information Summary. Are you in agreement for the Podiatrist to access this information?

Yes No

Patient Signature:

This form has been completed by the patient or patients representative (please tick appropriate box).

Yes No

Affix stamp
here

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