



Hywel Dda Health Board Podiatry and Surgical Appliances (Ceridigion) APPLICATION FOR ASSESSMENT				Department of Podiatry and Orthotics Cardigan & District Memorial Hospital Cardigan SA43 1DP				Tel :01239 615202	
HOSP NO				NHS NO					
TITLE		FIRST NAME		SURNAME					
ADDRESS									
POST CODE				DOB					
HOME				MOBILE /WORK					
DOCTOR				GP SURGERY					
Patient Criteria									
<u>WE DO NOT PROVIDE</u>									
<ul style="list-style-type: none"> • The cutting of normal or thickened nails (Social Nail Care) • Ongoing care for ingrown toenails or involuted nails where surgery is the best option • Treatment of Fungal nails • Treatment to non compliant patients • Home visits for patients who are not housebound 									
Reason for Podiatric Referral									
SKIN		√	FOOT STRUCTURE			√	NAILS		√
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)		
Medical Conditions		√	Details including Duration / Medication						
Diabetes			(Please attach annual diabetic foot screening 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			
OFFICIAL USE									
Date Received				Urgent		Routine			
Podiatry No				Clinic					