



<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 1RN</b> <b>Tel :01437 774267</b>					
HOSP NO				NHS NO					
TITLE		FIRST NAME		SURNAME					
ADDRESS									
POST CODE				DOB					
HOME				MOBILE /WORK					
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>		√	<b>FOOT STRUCTURE</b>			√	<b>NAILS</b>		√
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>		√	<b>Details including Duration / Medication</b>						
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	
<b>OFFICIAL USE</b>									
Date Received					Urgent			Routine	
Podiatry No					Clinic				