

Hywel Dda Health Board Podiatry and Surgical Appliances (Carmarthen) APPLICATION FOR ASSESSMENT			Department of Podiatry and Orthotics Glangwili General Hospital Carmarthen SA31 2AF Tel :01267 227058					
HOSP NO	FUR AS	SESSIVIEN I	NHS NO		161.01207 227030	,		
TITLE	FIRST NAME		SURNAME					
ADDRESS	IVAIVIE							
POST CODE			DOB					
HOME TO			DAYTIME / MOBILE					
DOCTOR				GP SURGERY				
		Patient	Criteria		1			
Ongoing careTreatment ofTreatment toHome visits for	f normal or for ingrow Fungal nail non compl or patients	iant patients who are not housebo	d nails where	surge	ry is the best option			
Reason for Podia	atric Refe		_	1	NAU O			
SKIN Foot Ulceration / Infe	vetion $\sqrt{}$	Porcistont hool/join		V	NAILS Infected Ingrown toe-nai	1 V		
Corns / Callous	CHOIT	Persistent heel/joint pain in feet Pain on walking /abnormal Gait			Non-infected Painful Nai			
Foot skin complaint			Footwear problems		Grossly thickened nails	·		
Other		Other			Other		_	
(specify) (specify) Medical Conditions √ Details include			(specify) ng Duration / Medication					
Diabetes		(Please attach annual foot screening results from G.P. practice)						
Heart Disease								
Poor Circulation to legs								
Stroke								
Rheumatoid Arthritis								
Other								
Additional Information	n							
Referred by (Print) Designation		signation	Signed		Date	Date		
Hosp	Ward		Consultant		Discharge Date ex	Discharge Date expected		
Data Danaissad		OFFICI	AL USE		Davida			
Date Received			Urgent		Routine			
Podiatry No			Clinic					