

West Lothian

Community Health and Care Partnership

PODIATRY SERVICE

APPLICATION FOR PODIATRY TREATMENT

(For use by General Practitioners, Nurses and Health Professionals)

In order to determine the need for treatment, all patients referred for Podiatry treatment are assessed at one of the following three centres throughout West Lothian. Please indicate below (tick) which location is most suitable.

Location	
St John's Hospital	
Linlithgow Health Centre	
Domiciliary Visit	

Please complete the following details

Name (Mr/Mrs/Miss/Ms) DOB.....

Address.....

..... Post Code.....

Home Telephone No Daytime Telephone No.....

Name & Address of family Doctor

.....

Reason for requesting Podiatry Treatment (Please give as many details as possible)

.....

.....

.....

Date Signature

PLEASE SEND FORM TO THE: PODIATRY SERVICE MANAGER, BLOCK 3, STAFF RESIDENCE, ST JOHN'S HOSPITAL, HOWDEN ROAD WEST, LIVINGSTON, EH54 6PP. Telephone Enquires to: 01506-523180

For office use

Date Received

CHI number

Date Assessed