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				**NHS NO**	
TITLE		**FIRST NAME**		**SURNAME**	
ADDRESS					
POST CODE				**DOB**	
HOME ☎				**DAYTIME / MOBILE** ☎	
DOCTOR				**GP SURGERY**	

Patient Criteria

WE DO NOT PROVIDE

- **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 foot screening results 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	