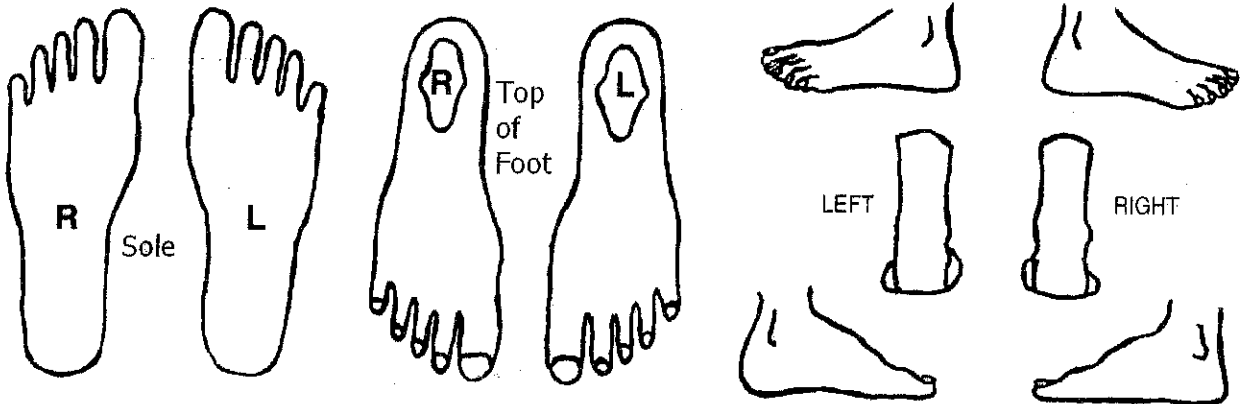




Please list all <b>Medical Conditions</b> and any <b>Physical Disability</b> (e.g. diabetes, heart, kidney disease, mental health, etc) (e.g. blind, wheel chair, etc)	
If <b>NONE</b> please tick this box	
<b>Please list all your current medications</b> (attach a prescription tear-off slip if possible)	
If <b>NONE</b> please tick this box	
<b>Allergies:</b>	

Use the diagram below to show where your feet are concerning you. Circle the relevant part(s).



**NHS PODIATRY DOES NOT CARRY OUT SIMPLE NAIL CUTTING**

**Briefly describe your concerns. How do you think podiatry can help?**


<b>Signed</b>		<b>Date stamp office use only</b>
<b>Date</b>		

**Relationship if signing on behalf of patient.**

Office use only					
Location Code	Urgent	Emergency	Soon	Routine	GP / Practice Code