

**Podiatry Service**  
**Application for Podiatry Treatment**

**Cambridgeshire Community Services NHS Trust Podiatry Department can only accept applications for assessment on the basis of health needs or treatment for a specific condition as follows:**

- Active foot ulceration and/or infection
- Where there is a long-term health condition that could lead to infection or ulceration in the feet and where treatment is required for appropriate foot related problems.

We are unable to provide care for people who require nail cutting only.

- Day case foot surgery for the correction of minor foot deformities e.g. hammer toe, bunion.
- Nail surgery for the treatment of ingrown toenails.
- Customised insoles or orthotics for conditions such as flat feet, pronation, heel pain.

Please describe the foot problem.....  
.....  
.....  
.....

Is there a history (past or present) of any of the following? (Please tick all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Poor Circulation                  | <input type="checkbox"/> Diabetes                          | <input type="checkbox"/> Rheumatoid arthritis |
| <input type="checkbox"/> Current Chemo/Radiotherapy        | <input type="checkbox"/> Loss of sensation in feet or legs |   |
| <input type="checkbox"/> Amputation of a leg, foot or toes | <input type="checkbox"/> Surgery to the feet or legs       | <input type="checkbox"/> Foot ulcer           |
| <input type="checkbox"/> Foot infection                    | <input type="checkbox"/> Impaired immune system            |   |

Any other information that you think is relevant: .....  
.....  
.....  
.....

### Patient Details

Surname: .....

Forenames: .....

Address: .....

Postcode: ..... Date of birth: .....

Tel No: ..... NHS number: .....

GP Name: .....

Practice Address:.....

Practice Tel No: .....

Signature: ..... Date: .....

Designation (if not the patient): .....

If this application appears to meet the podiatry service access criteria, an appointment will be arranged for an assessment at the nearest podiatry clinic. The letter will be posted to the address above.

However, if there is insufficient information given, the podiatrist may contact you for further details.

In the event of the access criteria not being met, the patient and his/her GP will be notified in writing.

**To avoid an unnecessary delay in offering an appointment, please complete all relevant sections.**

**Please send the completed form to:**

**Podiatry Department  
OakTree Health Centre  
1 Oak Drive  
Huntingdon  
Cambridge  
PE29 7HN  
Fax No : 01480 418686**