

# FIFE PODIATRY SERVICE

## REFERRAL FOR PODIATRY ASSESSMENT



PLEASE RETURN COMPLETED FORM TO: Gate 1, Level 2, Outpatients 3, MSK Hub, Whyteman's Brae Hospital, Whyteman's Brae, Kirkcaldy, KY1 2ND

<b>SURNAME:</b>	<b>TITLE:</b>	<b>DATE OF BIRTH:</b>
<b>FIRST NAME:</b>	<b>CHI NO:</b> (10 DIGIT NUMBER AT THE TOP LEFT OF YOUR PRESCRIPTION)	
<b>ADDRESS:</b>	<b>GP PRACTICE:</b>	
<b>POSTCODE:</b>	<b>PRACTICE ADDRESS:</b>	
<b>CONTACT TEL NUMBER:</b>	<b>PRACTICE TEL NO:</b>	
	<b>MOBILE TEXT REMINDER: YES/NO</b>	
	<b>MOBILE NUMBER:</b>	

**PLEASE NOTE THAT NHS PODIATRY DOES NOT PROVIDE A NAIL CUTTING SERVICE**

<b>REASON FOR REFERRAL:</b> Please give as much detailed information as possible.	
<b>MEDICAL HISTORY:</b> Please record any health problems you have or have had in the past including allergies.	<b>MEDICATION:</b> Please list all medication/tablets you are taking including any over the counter remedies.
<b>PLEASE SUPPLY ANY OTHER HELPFUL INFORMATION:</b>	
<b>WORK STATUS:</b>	
<b>FIRST LANGUAGE:</b>	<b>DO YOU REQUIRE US TO ORGANISE AN INTERPRETER?</b>

**Ethnic Group** (please tick box of your appropriate ethnic group)

1A	Scottish		3E	Any mixed or multiple ethnic groups		4D	African, African Scottish or African British		6Z	Other ethnic group
1B	Other British		3F	Pakistani, Pakistani Scottish or Pakistani British		4Y	Other African		98	Refused/Not Provided
1C	Irish		3G	Indian, Indian Scottish or Indian British		5C	Caribbean, Caribbean Scottish or Caribbean British		99	Not Known
1K	Gypsy/ Traveller		3H	Bangladeshi, Bangladeshi Scottish or Bangladeshi British		5D	Black, Black Scottish or Black British			
1L	Polish		3J	Chinese, Chinese Scottish or Chinese British		5Y	Other Caribbean or Black			
1Z	Other white ethnic group		3Z	Other Asian, Asian Scottish or Asian British		6A	Arab, Arab Scottish or Arab British			

<b>REFERRED BY:</b>	<b>DATE:</b>
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