



Please ensure ALL sections of this form have been completed before returning it to one of the addresses overleaf, as an incomplete form will be returned.

Section 1 Please complete in BLOCK CAPITALS

Title: _____ Date of Birth: _____ Name: _____ CHI Number*: _____ Address: _____ _____ Post code: _____ Tel No: _____	<p><u>Referrer's details (if Health Professional referral)</u></p> Name: _____ Address: _____ Telephone number: _____ *The CHI number is the 10 digit number printed on your prescription. We MUST have this to process your application. GP Name and address _____ _____
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FOOT PROBLEM: _____

Have you/has patient been treated by the Podiatry dept. in the last 6 months YES NO

Section 2

Circle as appropriate: **Rheumatoid Arthritis** **Diabetes** **Peripheral Arterial Disease**

Other Lifelong Medical Condition (specify): _____

Mobility status (circle): **Bedbound** **Wheelchair user** **Stick/Zimmer user** **Mobile**

Section 3 Please fill in this section as accurately as possible

Other Current Medical Conditions(s): _____

Medicine(s) taken: _____

Return addresses for the 4 Lanarkshire areas are overleaf. Please ensure the referral is sent to the appropriate address.

Section 4

PODIATRY UNIT ADDRESSES

NHS Lanarkshire community Podiatry services are split into 4 Unit areas. Please ensure the referral is returned to the appropriate address.

<p>NORTH WEST UNIT <u>AIRDRIE & COATBRIDGE addresses</u>, return to:</p> <p>Podiatry Department, Townhead Clinic, Lomond Road, ML5 2JN.</p> <p><u>CUMBERNAULD, KILSYTH, MOODIESBURN, MUIRHEAD, STEPPS, CHRYSTON addresses</u>, return to:</p> <p>Podiatry Department, Abrohill Health Centre, 15 Pine Road, Cumbernauld, G67 3BE.</p>	<p>NORTH EAST UNIT <u>WISHAW addresses</u>, return to:</p> <p>Podiatry Department, Wishaw Health Centre, Kenilworth Avenue, Wishaw, ML2 7BQ.</p> <p><u>MOTHERWELL addresses</u>, return to:</p> <p>Podiatry Department, Motherwell Health Centre 138/144 Windmillhill Street, Motherwell, ML1 1TB.</p> <p><u>BELLSHILL addresses</u>, return to:</p> <p>Podiatry Department, Bellshill Community Health Clinic, Greenmoss Place, Bellshill, ML4 1PS.</p>
<p>SOUTH WEST UNIT <u>EAST KILBRIDE addresses</u>, return to:</p> <p>Podiatry Department, Greenhills Health Centre, 20 Greenhills Square, East Kilbride, G75 8TT.</p>	<p>SOUTH EAST UNIT <u>HAMILTON addresses</u>, return to:</p> <p>Podiatry Department, Douglas Street Community Health Centre, 19 Douglas Street, Hamilton, ML3 0BP.</p> <p><u>CARLUKE addresses</u>, return to:</p> <p>Podiatry Department, Carluke Health Centre, 40 Chapel Street, Carluke, ML8 4BA.</p> <p><u>LANARK addresses</u>, return to:</p> <p>Podiatry Department, Lanark Health Centre, Woodstock Road, Lanark, ML11 7DH.</p>

Signature: _____

Print name: _____ Date: _____

