

PODIATRY CARE HOME REQUEST FOR ASSISTANCE
 Please email completed forms to: tay.taysidepodiatry@nhs.scot



Name of Resident:

DOB of Resident:

Name of Care Home:

GP:

Power of Attorney contact:

Please tick all boxes that apply to this person's general health:

Section 47 certificate for fundamental health care is indicated and a copy is attached.

Diabetes

Chronic degenerative neurological condition

Rheumatoid Arthritis or other connective tissue disease

Severe physical disability

COPD or a severe respiratory disease

History of CVA (stroke)

Cognitive impairment which has a severe effect on their ability to communicate or understand simple instruction

End of life care

Chronic peripheral vascular disease

An open wound or infection on their foot

A foot problem that has required a current or recent antibiotic therapy

Photograph of foot problem attached

Please give a description of foot problem and/or reason for requesting assistance:
 (Please note NHS Podiatry is not a personal nail cutting service)

Please list all medication (or attach summary sheet):

Please detail any other information you feel is relevant including any known allergies:

Member of Staff's Name
(Please Print)

Date