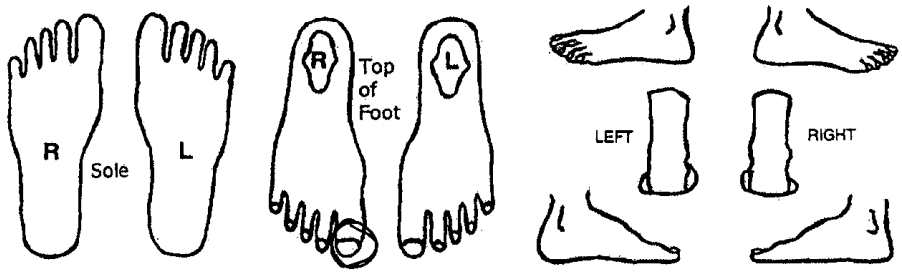
Please list all medical conditions (e.g. diabetes, heart, kidney, or liver disease, MRSA, etc)		
Also please list any physical disability (e.g. blind, wheel chair, etc)		
If **NONE** please tick this box	✓	
Allergies:		
Please list all your current medications (attach a prescription tear-off slip if preferred)		
If **NONE** please tick this box	✓	

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



Briefly describe your concerns. How do you think podiatry can help?
IN GROWING TOE NAIL - DR SAID IT SHOULD BE REMOVED

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

Signed		Date stamp office use only
Date	5-10-16	

If you are signing on behalf of patient please state your relationship.

Office use only						
Location Code	**Core**	**Low**	**Medium**	**High**	**GP Code**	**Practice Code**