

Podiatry E-Referral Form

New Patient Questionnaire



If you have an open wound, which has blood, pus or any sign of infection including a red, hot, swollen foot.

Please contact the podiatry hub on 01698 753 753.

1. Have you been seen by NHS Lanarkshire Podiatry before? Yes No

2. If yes, is your referral regarding the same problem? Yes No

3. Full Name:

Date of Birth:

Address:

Postcode:

Registered GP Practice:

GP Name:

Preferred email address:

Preferred contact number:

4. Do you require an interpreter? Yes No

If yes, which language, British Sign Language, dialect do you require?

5. Are you able to travel out-with your local area? Yes No

Do you have any dates or days, you are unavailable?

6. Please describe your foot problem, including which foot and your symptoms?

7. Are you under the care of any other specialist departments for the same issue you are telling us about? Yes No

If yes, please specify: (examples: Rheumatology, Fracture clinic, Orthopaedic, Diabetes, Vascular, Cancer/Oncology, Dermatology)

8. Do you have any other medical conditions?

Once this form has been completed, please email to podiatry.hub@lanarkshire.scot.nhs.uk