

FOOT HEALTH SERVICES

Application Form

WHO DO WE SEE? The Foot Health Service team sees anyone registered with a Lewisham GP who has a health condition which impacts on the health of their feet or who has a significant foot problem (wound, acutely ingrowing nail or painful MSK condition)

HOW DO I APPLY? Please complete this application form and give it, email it or or post it, to the Foot Health Service clinic of your choice. Your application form will then be registered and triaged. If you meet our access criteria for the service we will send you a letter asking you to contact the clinic to arrange an agreed appointment. If you do not meet our access criteria, we will inform you of that outcome.

THE FIRST APPOINTMENT On the day of your agreed appointment you will have your foot problem assessed and advice will be given as appropriate. Not everyone will need treatment, but it will be provided for those who do. Advice about how to manage a foot problem more effectively yourself may be all that is required.

<p>Ladywell Building South Lewisham Hospital Lewisham High St Lewisham SE13 6LH Lg.fhslewishamhospital@nhs.net</p> <p>Tel: 020 3192 6790</p>	<p>Downham Health & Leisure Centre 7-9 Moorside Road Downham, Bromley BR1 5EP lq.fhssouthlewishamhc@nhs.net</p> <p>Tel: 020-3049-1800</p>	<p>Lee Health Centre 2 Handen road SE12 8NP lq.fhsleehc@nhs.net</p> <p>Tel: 020 3049 2114/2070</p>
<p>Sydenham Green HC 26 Holmshaw Close SE26 4TH lq.fhssydenhamgreenhc@nhs.net</p> <p>Tel: 020 3049 2737</p>	<p>South Lewisham Health Centre 50 Conisborough Crescent SE6 2SP lq.fhssouthlewishamhc@nhs.net</p> <p>Tel: 020 3049 2503</p>	<p>Waldron Health Centre Amersham Vale London SE14 6LD lq.fhswaldronhc@nhs.net</p> <p>Tel: 020 3049 3402</p>
<p>If you are applying for a home visit, please send this completed form to:</p> <p>Lewisham Domiciliary Clerk, Downham Health and Leisure Centre 7-9 Moorside Road BR1 5EP lq.fhshomevisitingsservice@nhs.net Tel: 020 3049 1860</p>		

It is important to **complete this form in full**. Your appointment will depend upon the information you give us. **Please ask** if you do not understand any part. **Incomplete forms will be returned.**

Today's Date: _____ Date received (office use only) _____

A) PATIENT DETAILS

Title: Mr/Mrs/Miss/Other:		Date of Birth:
Surname:	Forename:	
Address:		
Postcode:		
Telephone:		
HOME:	WORK:	MOBILE:
Gender: MALE FEMALE	NHS Number::	
Height.....	Weight.....	
If an interpreter is needed what language is spoken? _____		
Emergency contact name:		Relationship to patient:
ADDRESS:		CONTACT NUMBER:
POST CODE:		
Do you have a long-standing disability, illness or infirmity that limits your day-to-day activities? Yes No		
If Yes , what is the nature of your disability? (e.g wheelchair user, visual or hearing impairment etc.)		

B) GENERAL PRACTITIONER DETAILS

GP NAME:
ADDRESS:
TELEPHONE:

