

Rotherham Foundation Trust
Department of Podiatry
Self-Referral Form

Surname: _____		Forename(s): _____	
Date of Birth: _____		NHS no: _____	
Address: _____		Postcode: _____	
Tel no: _____			
GP Name: _____			
Address: _____		Postcode: _____	
Tel no: _____			
Medical Health: (Please tick all that apply)			
☐ Diabetes	☐ High Blood Pressure	☐ Rheumatoid Arthritis	
☐ Stroke	☐ Angina	☐ Other: _____	
☐ Cancer	☐ Heart Attack	_____	
Medication: Please supply a list of ALL tablets, inhalers or creams you are using. You may attach a repeat prescription list if you have one.			
Foot Problem(s):			
Signature: _____		Date: _____	
Please return your completed application form to: Podiatry Department, Rotherham Community Health Centre, Greasborough Road, Rotherham S60 1RY			
PLEASE NOTE: APPLYING FOR NHS PODIATRY DOES NOT NECESSARILY MEAN YOU ARE ELIGIBLE TO RECEIVE TREATMENT			

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Judd E. Hollander



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