

Toe Nail cutting Service at Stockwood Medical Centre

Application Form

What does the service provide?

- It provides basic toenail cutting for medically low risk individuals who are unable to manage this themselves. This service is unsuitable for people, with certain health conditions such as diabetes or those on anti-coagulant medication eg. Warfarin.
- We also provide basic foot health advice and a foot massage

Who delivers this service?

- **The service is provided by volunteers trained by the Bristol Community Health Podiatry Department**

Where and when?

Mondays 10.30am – 1pm

Stockwood Medical Centre, Hollway Road, Bristol, BS14 8PT

How much does it cost?

- There is a one off fee of £5.00 for a personal set of toenail cutting equipment
- Treatment sessions are £10.00

How can I access it?

- Simply fill in the referral form and send to:
 - **Lorraine Millard – Foot Care Service Manager**
Age UK Bristol, Canningford House
38 Victoria Street, Bristol, BS1 6BY
- If you have any queries do not hesitate to contact Lorraine on: **0117 9281540**



Toenail Cutting Service Application Form

Surname _____ Forenames _____ Mr /Mrs / Miss

D.O.B. _____ Daytime Tel. No. _____

Address _____ Postcode _____

Next of Kin details _____

GP Contact Details _____

IN THE TABLE BELOW PLEASE CIRCLE APPROPRIATE RESPONSE

Medical History / Risk Checklist	Date:
Diabetes	YES / NO
Surgery to arteries in legs or feet	YES / NO
Poor circulation (Frequent cramp in the legs on walking or rest)	YES / NO
Rheumatoid arthritis	YES / NO
Break in the skin or ulceration of the feet	YES / NO
Corns or callus (near toenails), severely thickened or deformed toe nails	YES / NO
Severe foot / toe deformities	YES / NO
Recurrent foot infection requiring antibiotic therapy	YES / NO
Taking Anti-coagulant therapy (Warfarin)	YES / NO
Taking oral Steroids Over 7.5mg daily	YES / NO
Is currently receiving Podiatry Care from the NHS	YES / NO
Allergies (If yes please provide details)	YES / NO
* If you tick yes for any of the above conditions you may not be eligible for this service. Please contact your GP, Community Nurse or Local Podiatry Service for advice.	

For Office use only.

Completed by Senior member of staff.

Name: _____ Date: _____

Outcome – Accepted / Rejected

Reason _____

Referred on: YES / NO

Referred to: _____