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**APPLICATION
 FOR
 CHIROPODY TREATMENT**

HSE Community Healthcare Organisation
 Dublin North City & County
 Northside Civic Centre, Bunratty Road
 Coolock, Dublin 17, D17 K462

Only Medical Card Holders over 65 eligible

Please complete Part 1 of this form and then bring the form to your Doctor or Public Health Nurse, who will complete Part 2 of the form

Part 1 Particulars to be furnished by applicant

Name _____ Date of Birth _____

Address _____ Phone _____

Review date

Medical Card Number _____ of Medical Card _____

Name and Address of Chiropodist you wish to attend _____

Do you hold, or have you previously held a HSE Chiropody Card? _____

If YES, please state _____ (a) Expiry Date of Chiropody Card _____

(b) Reg. No. Of Chiropody Card _____

NOTE: Persons requiring treatment will be referred only to Chiropodists on the panel
 A list of Chiropodists on the panel may be had from this department on request

Part 2 Particulars to be furnished by your Doctor or Public Health Nurse

(* Strike out whichever does not apply)

I certify that I have examined. _____

*He / She is in need of chiropody treatment for _____

*He / She has a diagnosis of diabetes or general learning disability or severe physical disability

(E.g. wheelchair / bed bound etc.) _____

Is the applicant able to travel to a Chiropodist? _____

If not, please state the reason why _____

Signature of Doctor / PHN _____

Address _____

Phone _____

Date _____