

**County Longford Social Services CLG.
Chiropody Clinic
Flat 6, c/o St Joseph's Care Centre, Dublin Road, Longford
Telephone:- 087 9735734 Fax: 043 3350178**

Application for Chiropody Treatment @ County Clinic, Longford

Applicants Name: _____

Address: _____

Telephone No: _____

Date of Birth: _____

Medical Card No: _____

Applicants Signature _____

*I consent to the use of the information supplied in this application for chiropody purposes only.
I confirm that I will inform Co. Longford Social Services CLG of any change to my
medical/personal data/circumstances.*

Referral Criteria: (This form is for use by PHN or Doctor for referral purposes and
MUST be signed by the applicant referred.)

1. Applicant must be 65 years of age or over holder **2. They must be a Medical Card holder**

3. Two/Three Visits Per Year **4. €20.00 per Visit.**

If the patient is a DIABETIC he/she should contact the College Medical Ctr (043 3347670 Amanda Challenger) and this form should NOT be used.

I certify that I have examined _____ and he/she is in need of chiropody treatment.

He/She is suffering from _____

Is he/she able to travel to a Chiropodist? _____

If not please state why: _____

Will he/she require a ground floor appointment? _____

Medication List: _____

Signature of Doctor/Public Health Nurse: _____

Address: _____

Contact Number: _____ Date: _____