County Longford Social Services Chiropody Clinic
Flat 6, c/o St Joseph's Care Centre, Dublin Road, Longford

Telephone: - 087 9735734
Fax: 043 3350178

Application for Chiropody Treatment

Name: _____

Address: _____

Telephone No: _____

Date of Birth: _____

Medical Card No: _____

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Referral Criteria **(This form is for use by PHN or Doctor for referral purposes)**

1. **Applicant must be 65 years of age or over**
2. **They must be a Medical Card holder**
3. **Two Visits Per Year**
4. **€20.00 per Visit.**
5. **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.**

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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: _____