



**Health Energiser**

FB @healthenergiser / 07544 813770

## Foot Care Assessment Tool

### Patient record

Date: \_\_\_\_\_

Mr./Mrs./Miss/: Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Contact number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

GP name and address: \_\_\_\_\_

Doctor: \_\_\_\_\_

Medical condition: \_\_\_\_\_

### Assessment:

### Area(s) of complains:

### Treatment(s) & Advise:

Shoe size:



