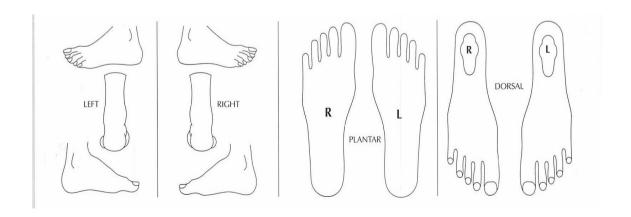


Foot Care Assessment Tool

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:



		_
Appointment Date	Treatment	Fees