



## Orthotics Self-Referral Form

Please ensure that all relevant sections of this form are completed accurately using BLOCK CAPITALS.

This referral form is for people who have previously been seen by the Orthotics service within three years and were on the PIFU list. This form is **not** for new patients to the Orthotics service.

If you are a new patient to the Orthotics service, you are **ineligible** for self-referral and should not submit this form.

### Patient

Surname:	Home address:	
Forename(s):		
Date of birth:		
CHI Number:	Postcode:	
Gender:	Main tel. no.:	Other tel. no.:
Permission to Leave a message on Mobile or Home phone (please circle): BOTH HOME MOBILE NO		

If patient is under 16 years old, please provide parent/guardian details

Name:	
Address:	
Postcode:	Signature:
Tel.:	Date:

### General Practitioner

Name:
Address:
Postcode:
Tel.:

### Reason for Referral

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### Additional Relevant Information

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**Completed Forms**

Please post or hand in completed form to:

Orthotics Service, SMART Centre, Astley Ainslie Hospital, 133 Grange Loan, Edinburgh EH9 2HL.

Referral forms will be triaged in order of clinical priority before being placed on the waiting list.

**We will be in contact once an appointment is available via letter.**

If you have any questions please call the Orthotics Service on 0131 537 9418