

## FES FOR DROPPED FOOT

### SELF-REFERRAL FORM FOR PRIVATE TREATMENT

<b>NAME:</b>	
<b>ADDRESS &amp; POSTCODE:</b>	
<b>DATE OF BIRTH:</b>	
<b>TELEPHONE:</b>	
<b>MOBILE:</b>	
<b>G.P. NAME &amp; ADDRESS:</b>	

In order for us to process your referral, we may be required to contact your GP or Consultant for additional clinical information. If you are in agreement, please authorise us to do so by ticking the box:

FES only works for dropped foot if the damage is to the brain or the spinal cord. Therefore, FES can work in people with the following conditions. **If you have any of the following conditions, please circle the one that applies to you:**

<b><i>Stroke</i></b>	<b><i>Multiple Sclerosis (MS)</i></b>	<b><i>Head injury</i></b>	<b><i>Cerebral Palsy (CP)</i></b>
<b><i>Injury (SCI)*</i></b>	<b><i>HSP</i></b>	<b><i>Parkinson's (PD)</i></b>	<b><i>Spinal Cord</i></b>

How long have you had this condition?			
Which foot is affected:	<b>Left</b>	<b>Right</b>	<b>Both feet</b>
*If you have a SCI, please indicate the level:			
Please indicate if your SCI is:	<b>Complete</b>	<b>Incomplete</b>	

**FES is unlikely to work if the damage is to a nerve going from the spinal cord to the muscle. This can happen in the following cases/diseases:**

Polio  
Nerve injury  
Prolapsed lumbar disc  
Peripheral Neuropathy

MND  
Guillain – Barre syndrome.

If you have a condition not on either list, or you would like to discuss if FES could be suitable for you, the please contact us to speak to a clinician. **Telephone: 01722 439540 or Email: [enquiries@odstockmedical.com](mailto:enquiries@odstockmedical.com).**

In order to help us maximise the chance of FES being applicable for you please answer the following questions (**circle answer**):

1. Can you walk 10m with a walking aid?	YES	NO
2. Can you stand up from sitting unaided?	YES	NO
3. Do you have a pacemaker?	YES	NO
4. Do you have any other heart condition? If so, give details:	YES	NO
5. Do you have breathing difficulties? If so, give details:	YES	NO
6. Do you have epilepsy? If so, is the epilepsy controlled?	YES YES	NO NO
7. Are you/think you are pregnant?	YES	NO
8. Do you have any skin conditions?	YES	NO
9. Do you have any other mobility problems?	YES	NO
Please provide a list of your current medication:		

I understand that by returning this form I am agreeing to “Private”, not “NHS” treatment and I will be responsible for the £140.00 assessment fee.

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Please return to:** Clinical Team, Odstock Medical Limited, Laing Building, Salisbury District Hospital, Salisbury, Wiltshire, SP2 8BJ. **Or email this form to:** [tina.rawlings@odstockmedical.com](mailto:tina.rawlings@odstockmedical.com).

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