



**Grampians Region HACC Program  
Request for Personal Care:  
Foot Care Support**



<b>Date of Request:</b>	
<b>Client Name:</b>	<b>Date of Birth:</b>
<b>Address:</b>	
<b>Podiatrist:</b>	
<b>Request to:</b> (Agency to provide Personal Care Support)	

**The agreed Foot Care goal is to:**

**I have assessed ..... (Client's name) on ..... (Date) and determined that they are appropriate for foot care support by your HACC Personal Care Service.**

**Assist with Footcare as follows:**  
*Specific Instructions (please also use the foot diagrams on reverse to aid the implementation of your instructions):*

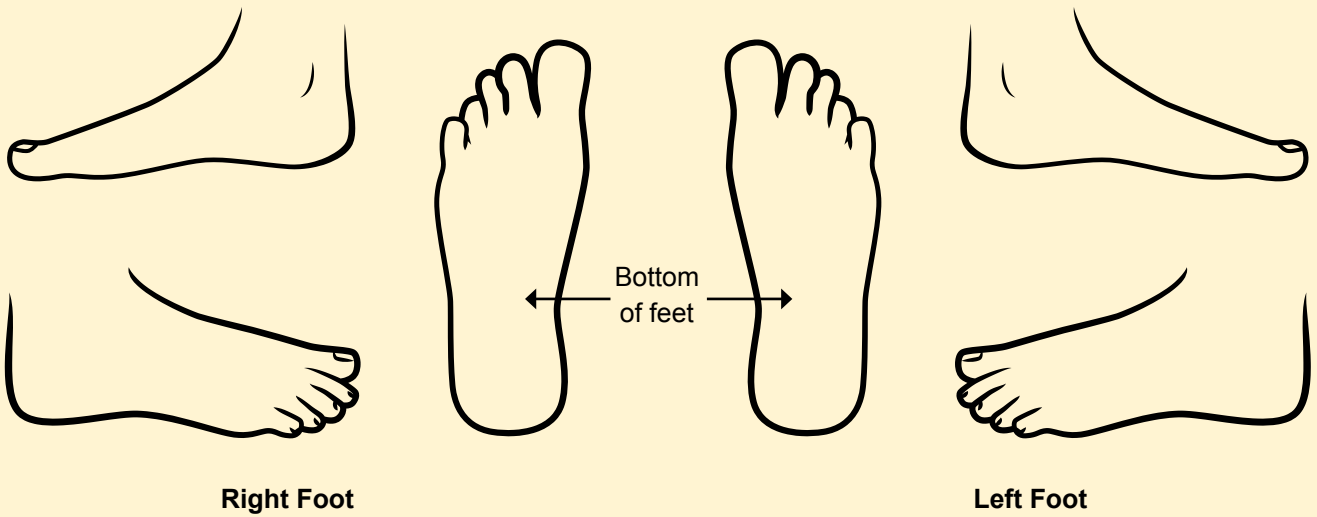
Date Foot Care to cease (if applicable): ..... Planned Review date: .....

Client specific training required prior to carrying out the foot care tasks?    Yes    No

If yes, a handover appointment has been made for ..... (Date) at ..... (Time)

Please Note: If this appointment is not suitable please phone ..... to reschedule.

Click circles to indicate areas of concern:



Any further instructions/details?

Podiatrist's Signature: .....

Health Service Provider: ..... Phone: .....

*Please Note: This tool can be used post review to provide new foot care instructions to the Personal Care Provider*