Horsham Physiotherapy & Podiatry

Grampians Region HACC Program

Request for Personal Care: Foot Care Support

hacc
home and community care
A JOINT COMMONWEALTH AND STATE/TERRITORY PROGRAM PROVIDING FUNDING AND ASSISTANCE FOR AUSTRALIANS IN NEED

Date of Request:	
Client Name:	**Date of Birth:**
Address:	
Podiatrist:	
Request to: *(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: .....

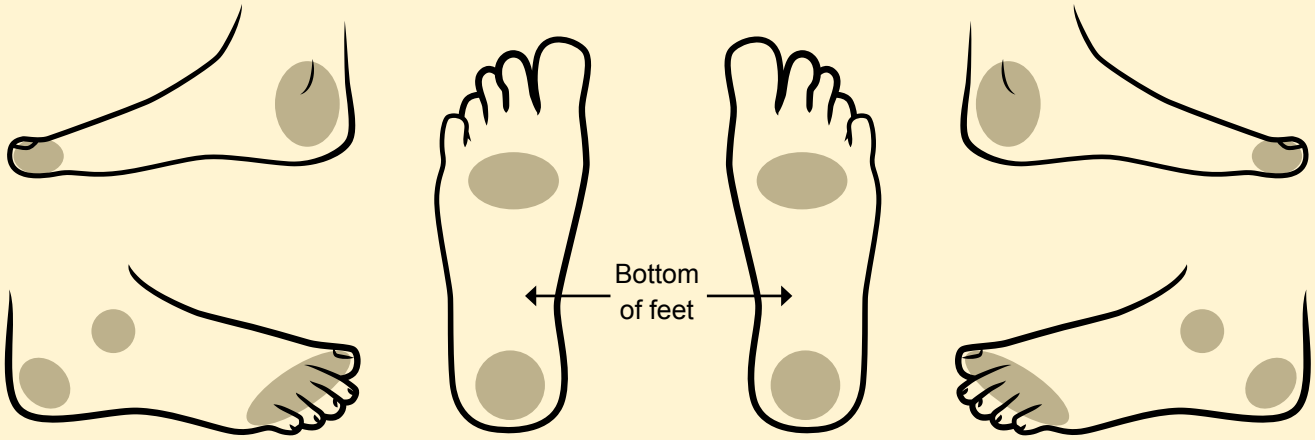
Client specific training required prior to carrying out the foot care tasks? ◯ Yes ◯ No

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

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

Original tool developed by NGS Footcare Program, 2014. Adapted from Grampians Region HACC Personal Care Protocol, 2009.

Click circles to indicate areas of concern:



Right Foot **Left Foot**

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

Save As Print

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