



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

Tel: 620 6300

For official use only.

Card No .....

Date issued .....

Renewed .....

.....

Date .....

**APPLICATION  
FOR  
CHIROPODY TREATMENT**  
Only Persons over 65 eligible

Please complete Part 1 of this form and then bring the form to your doctor, who will complete Part 2 of the form if Chiropody treatment is necessary.

**PART 1 PARTICULARS TO BE FURNISHED BY APPLICANT**

Name ..... Date of Birth .....

Address .....

Medical Card Number ..... Review date  
of Medical Card .....

Married/Single/Widow/Widower .....

Name and Address of Chiropodist you wish to attend .....

Do you hold, or have you previously held an HSE Chiropody Card? .....

If YES, please state -

(a) Expiry date of Chiropody Card ..... (b) Reg. No. of Chiropody Card .....

**NOTE:** Persons requiring treatment will be referred only to Chiropodists on the panel.  
A list of Chiropodists on the panel may be had from this department on request.

**PART 2 PARTICULARS TO BE FURNISHED BY THE DOCTOR OR PUBLIC HEALTH NURSE**

(\* Strike out whichever does not apply)

I certify that I have examined.....

\*He / She IS / IS NOT in need of chiropody treatment.

\*He / She is suffering from.....

and is in need of Chiropody treatment.

Is the applicant able to travel to a Chiropodist? .....

If not, please state reason why .....

Signature of Doctor .....

Address .....

Date .....