

Footwear Adaptation Agreement Form

This form must be signed by the patient/guardian for EVERY footwear adaptation carried out on the patient's own footwear *not footwear supplied by the NHS.

Patient's name: _____ Date: _____

Item being adapted and details of adaptation * to be completed by staff member

I have been issued with an information sheet regarding adapted footwear and I am happy to go ahead with the above detailed footwear adaptations.

Patient's signature _____ Date: _____

I will only accept a **concealed** raise YES / NO

Staff member's Name: _____ Signature: _____

Order number _____ Company: _____

Manufacturer's comments: *Details of any issues with the requested order

Following the advice from the manufacturer I am happy to go ahead with the adaptation as described by the manufacturer.

Patient's signature: _____ Date: _____

This paper work should be stored by the manufacturer with a copy sent back to The Royal Wolverhampton NHS Trust with the completed/cancelled order.