

Podiatry Referral Form

NHS CONFIDENTIAL

**IF YOU HAVE DIABETES PLEASE CONTACT YOUR NEAREST PODIATRY CLINIC FOR
ADVICE ON WHERE TO ACCESS CARE.**

**ALLERDLE – 01900 705120, CARLISLE – 01228 608020, COPELAND – 01946 68635
EDEN – 01768 245628**

HELP US TO HELP YOU. Please first read the notes on the back page and complete the form in full, giving us as much detail about you're foot problem as you can. If you leave details out, the form may have to be returned which could delay the referral.

TITLE.....NHS NUMBER	<p>ETHNIC ORIGIN (THESE CATEGORIES ARE USED IN THE NATIONAL CENSUS) PLEASE TICK.</p> <p><u>WHITE</u> BRITISH IRISH OTHER WHITE</p> <p><u>MIXED</u> WHITE/BLACK CARRIBBEAN WHITE/BLACK AFRICAN WHITE ASIAN OTHER MIXED BACKGROUND</p> <p><u>ASIAN/ASIAN BACKGROUND</u> INDIAN PAKISTANI BANGLADESHI</p>
FULL NAME.....	
DATE OF BIRTH.....	
ADDRESS.....	
TELEPHONE HOME.....	
MOBILE.....	
GP.....	
REFERRER.....	
REFERRER CONTACT NUMBER.....	
NEXT OF KIN.....	
NEXT OF KIN CONTACT NUMBER.....	

MEDICAL HISTORY

Please tick if you have any of the following:

Poor circulation in the leg	<input type="checkbox"/>	Numbness in the foot	<input type="checkbox"/>	Cancer-on treatment	<input type="checkbox"/>
Diabetes Mellitus	<input type="checkbox"/>	Heart Problems	<input type="checkbox"/>	Stroke	<input type="checkbox"/>
Rheumatoid Arthritis	<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>	Dialysis	<input type="checkbox"/>

Please list any medicines/tablets that you take, or attach a copy of your current repeat prescription. If you do not take medication please state this.

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ALLERGIES.....

Other (please state) _____

TELL US ABOUT YOUR FOOT PROBLEM, FOR EXAMPLE "I HAVE A WOUND." "I HAVE AN INGROWING NAIL."

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IF YOU HAVE PAIN, TELL US ABOUT IT:

WHERE DOES IT HURT?

WHEN DOES IT HAPPEN?

HOW LONG HAVE YOU HAD IT?

WHAT DOES IT FEEL LIKE? SHARP, THROBBING, INTERMITTENT, ACHING

.....

ON A SCALE OF 0-10, CIRCLE YOUR PAIN LEVEL **TODAY**

0....1....2....3....4....5....6....7....8....9....10
No pain Worst pain

Do you consent to the Podiatry service accessing your GP records? Yes / No (circle)

I confirm I have read / agree to the information attached.

Signature: Date:

Printed Name: Designation:

Please return completed form to:

**IF YOU HAVE DIABETES PLEASE CONTACT YOUR NEAREST PODIATRY CLINIC FOR ADVICE ON WHERE TO ACCESS URGENT CARE. ALLERDLE – 01900 705120, CARLISLE – 01228 608020, COPELAND – 01946 68635
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Anyone of any age may be eligible for foot / lower leg assessment

Podiatrists are trained to assess and treat any problem of the foot and ankle and lower leg. You may receive a telephone consultation dependent upon the problem you have been referred for.

What happens after you send in your referral form?

Please give as much detail as you can about your foot problem so the podiatrist can ensure you receive the right type of appointment. We prioritise patients with wounds and high risk feet.

Your form will be:-

- Checked by a podiatrist in 2 working days.
- Classified as urgent or non-urgent.
- Urgent appointments will be offered by phone.
- Non-urgent appointments will receive a letter about how to make an appointment for a day and time and venue that suits you.

If you have requested a home visit:

All patients who request a home visit will be contacted by a podiatrist who will carry out an assessment prior to any visit. If you attend any other hospital appointments or social events outside of your home you may not be eligible.

Telephone consultations

In some cases we may contact you directly to discuss your problem. We may advise on self-management of problems such as fungal nails/verruca.

What you can expect from your first appointment

The podiatrist will assess your foot problem and discuss possible treatment options with you.

The options may include:

- Advice on how you can manage your own foot care, including advice on suitable footwear, signposting to self-management or to private podiatry.
- Offer a course of treatment (short term).
- Refer you for more specialised podiatry care, depending on your foot problem.
- You may receive treatment at assessment if this is appropriate, but this is not always possible or advisable. If further treatment is necessary the podiatrist will arrange another appointment.
- **You will be discharged at completion of your course of treatment. In some cases this may be on your first visit.**
- **Please note if you are discharged from podiatry, then you cannot refer back into the service with the same condition within 12 months.**

What you should bring to your first appointment

- Your appointment letter / card
- A list of your current medicine / tablets
- A selection of your shoes, including slippers

For Office Use Only

Triage DatePriority: Urgent / Non Urgent

Status: New Patient Bio Paed Diabetic Screening DOM

Referral on / reason why:-

Podiatrist's signature.....

Print Name

Contact Notes.....

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