

Podiatry Referral Form

DO NOT USE THIS FORM IF YOU ARE DIABETIC. PLEASE ASK YOUR GP STAFF TO BOOK YOU IN WITH THE DIABETIC SPECIALIST PODIATRIST AT YOUR SURGERY

Dear Patient,

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 your foot problem as you can. If you leave details out, the form may have to be returned to you, which could delay your treatment.

Mr/Mrs/Miss/Ms/Master/other (please specify)-----

Name----- Date of Birth-----

If under 16, Parent/Guardian name -----

Address-----

-----Postcode-----

Tel No Home----- Work-----Mobile-----

G.P. Practice ----- NHS number _____

Referred by: Self/GP/Health Visitor/Practice Nurse/District Nurse/Physio

Other (please specify)-----

Other professionals involved in your care-----

Next of Kin..... Next of kin details.....
 Telephone Number.....

Ethnic origin (these categories are used in the national census)

- | | | | |
|------------------------------------|--|---|---|
| White: | British <input type="checkbox"/> | Irish <input type="checkbox"/> | Other white background <input type="checkbox"/> |
| Mixed: | White/Black Caribbean <input type="checkbox"/> | White/Black African <input type="checkbox"/> | |
| | White Asian <input type="checkbox"/> | Other mixed background <input type="checkbox"/> | |
| Asian or Asian background : | Indian <input type="checkbox"/> | Pakistani <input type="checkbox"/> | Bangladeshi <input type="checkbox"/> |
| Black: | British <input type="checkbox"/> | Caribbean <input type="checkbox"/> | African <input type="checkbox"/> |
| | | | Other Black background <input type="checkbox"/> |
| Other ethnic group: | Chinese <input type="checkbox"/> | Other <input type="checkbox"/> | Not stated <input type="checkbox"/> |

Medical History

Please tick if you have any of the following:

Heart Problems Rheumatoid Arthritis Varicose Veins

Poor Circulation Stroke Mobility Problems

Other eg Mental Health Issues (please state)-----

Do you take steroids or anticoagulants? Yes/No

Please list any medicines/tablets that you take, or attach a copy of your current repeat prescription.

Have you any allergies? Yes/No describe-----

What is your foot problem?

Are you receiving treatment for this problem elsewhere? Yes/No

Have you been treated by NHS Podiatry before? Yes/No

Any further comments

Is there any day/time you can not attend? _____

Please tick which clinic you wish to attend

Whitehaven Cleator Moor Egremont Seascale

Workington Cockermouth Maryport

Patient signature: ----- DATE-----

Please return completed form to: Podiatry Department,
Flatt Walks Health Centre,
2, Castle meadows,
Whitehaven,
CA28 7QE

For Office Use Only

Triage Date: _____

Priority: Urgent Non Urgent

Status: Clinic Transport Hospital Res. Home

 Domiciliary Biom Paed

Podiatrist's Signature: _____

Print Name: _____

Contact notes:

Anyone, of any age, is eligible for a foot/lower leg assessment

Podiatrists are trained to assess and treat any problem of the foot, ankle and lower leg.

What happens after you send your referral form in

Your form will be checked by a senior podiatrist within two working days, which means that the podiatrist will assess whether your problem is urgent or not, and whether you need to be seen by a specialist podiatrist. This is why you should give as much detail about your problem as possible.

If your problem is assessed as urgent, a member of staff will contact you to offer the first available appointment. This may not be at the clinic that you have selected.

Non urgent referrals are sorted into areas, and you will be contacted when assessment clinics are available at your chosen clinic.

If you have requested a home visit or NHS transport, a podiatrist will probably contact you and your GP to confirm the need for this. Please note that it is always better to be treated in a clinic where all the relevant equipment is at hand, particularly a bright light and proper chairs.

What you can expect from your first appointment

All NHS podiatrists are registered with the Health Professions Council (HPC), and are required by law to carry out a thorough medical history and assessment of your feet before carrying out any treatment. This will include asking about previous medical problems and skin/nail disorders.

The podiatrist may also test for sensation, vascular problems and joint movement, depending on your foot problem.

The appointment will last about half an hour. The podiatrist will assess the problem and discuss possible treatment options with you.

The options may include:

- Advice on how you or your carer can manage your own foot care, including advice on suitable footwear.
- Offer a course of treatment.
- Refer you to a specialist podiatrist, 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.

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.