# **Podiatry Referral Form for Use by Health Professionals**

When complete, this form to be submitted to **t-sd.podappts@nhs.net** or

**Podiatry Office, Castle Circus Health Centre, Abbey Road, Torquay, TQ2 5YH**

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| **Referrer Details**  | **Patient Details**  |
| Name: | Name: | DoB:  |
| Profession:      | Address: | Gender:  |
| Surgery Address: | Hospital No  |
| NHS No  |
| ICS No       |
| Tel No: | Tel No: *Please check tel. nos.* | Capacity concerns? Yes [ ]  No [ ]  |
| Mobile No.: | Mobility:      |
| Email:      | Carer requirements (has dementia or learning difficulties)?      | If applicable, lasting power of attorney details:      |
| Referral date: | Translator Required: Yes [ ]  No [ ]  Language       |

**Relevant past medical history (last 6 months)**

**Current Medication**

**Significant issues, allergies, relevant family history, smoking & alcohol status and morbidities**

**Smoking & Alcohol status:**

**Latest metrics if available and relevant:**

|  |  |
| --- | --- |
| **BMI**       | **BP**       |
| **HBA1c**       | **EGFR**       |

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| **Presenting foot problem** | Ulceration: Yes [ ]  No [ ]  |
| Infection: Yes [ ]  No [ ]  |
| Is a foot pressure ulcer present? Yes [ ]  No [ ] Add Grade if known       |

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| ***For community staff only:******Has a Datix form been completed?****Yes [ ]  Incident number*      *No [ ]  If no, please complete in line with Trust policy* |
| **If diabetic, result of foot assessment:** |
| Low risk [ ]  | Moderate risk [ ]  | High risk [ ]  | Active foot [ ]  |
| Peripheral vascular disease [ ]  | Neuropathy [ ]  | Open wound [ ]  |
| Level of pain **0 -10**  | Infection [ ]  |
| **Permission to receive SMS text message reminders:** Yes [ ]  No [ ]  |
| **House bound patients:** |
| Does the patient leave the home to attend hospital or other appointments? | Yes [ ]  | No [ ]  |
| Transport required? | Yes [ ]  | No [ ]  |
| Any known violent or aggressive behaviours – lone working risk? | Yes [ ]  | No [ ]  |