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

When complete, this form to be submitted to [**t-sd.podappts@nhs.net**](mailto:t-sd.podappts@nhs.net) or

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

|  |  |  |
| --- | --- | --- |
| **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** |

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***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 |