#### 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

<u>Please first read the notes on the back page</u>, 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. HELP US TO HELP YOU Dear Patient,

Mr/Mrs/Miss/Ms/Master/other (please specify)	
Name Date of Birth	
If under 16, Parent/Guardian name	
Address	
Postcode	
Tel No Home	
G.P. Practice	
Referred by: Self/GP/Health Visitor/Practice Nurse/District Nurse/Physio	
Other (please specify)	
Other professionals involved in your care	
Ethnic origin (these categories are used in the national census)	
White: British ☐ Irish ☐ Other white background ☐	
Mixed: White/Black Caribbean ☐ White/Black African ☐	
White Asian ☐ Other mixed background ☐	
Asian or Asian background : Indian 🗆 Pakistani 🗀 Bangladeshi	adeshi 🗌
Black: British ☐ Caribbean ☐ African ☐ Other Black background ☐	ckground
Other ethnic group: Chinese ☐ Other ☐ Not stated ☐	J

/ NHS Podiatry before? Yes/No	Have you been treated by NHS Podiatry before?
Are you receiving treatment for this problem elsewhere?  Yes/No	Are you receiving treatment
?	What is your foot problem?
Yes/No describe	Have you any allergies? Ye
Please list any medications or attach a copy of your current repeat prescription.	Please list any medications prescription.
nticoagulants? Yes/No	Do you take steroids or anticoagulants?
	Other (please state)
ke □ Mobility Problems □ Diabetes □	Poor Circulation   Stroke
Rheumatoid Arthritis   Varicose Veins	Heart Problems   Rheun
y of the following:	Please tick if you have any of the following:
	Medical History

.... Triage Date ...

Podiatrist's Signature

## 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

### What happens after you send your referral form in

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

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.

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

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

#### What you can expect from your first appointment

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

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

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

The options may include:

- including advice on suitable footwear. Advice on how you or your carer can manage your own foot care,
- Offer a course of treatment.
- Refer you to a specialist podiatrist, depending on your foot problem.
- is not always possible or advisable. If further treatment is necessary the podiatrist will arrange another appointment. You may receive treatment at assessment if this is appropriate, but this
- some cases this may be on your first visit. You will be discharged at completion of your course of treatment. In

#### 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