**Podiatry Referral Form**

Please encourage self management prior to referral to Podiatry service.

Please complete ALL sections of the form – it will be returned if not fully completed.

The referral will be triaged and sent to the appropriate clinic for assessment and further management as required.

|  |  |
| --- | --- |
| Date of referral:  | Referred by: |
| Title: | GP Address:  |
| Surname: |
| Forename: |
| Male Female[Type a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Drawing Tools tab to change the formatting of the pull quote text box.][Type a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Drawing Tools tab to change the formatting of the pull quote text box.] | DOB: | NHS No: |
| Patient Address:Home numberMobile number:Email address:Preferred contact method: | Does the patient have any language, hearing or other supportive needs?No Yes [Type a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Drawing Tools tab to change the formatting of the pull quote text box.][Type a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Drawing Tools tab to change the formatting of the pull quote text box.]Details:Interpreter required: No Yes [Type a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Drawing Tools tab to change the formatting of the pull quote text box.][Type a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Drawing Tools tab to change the formatting of the pull quote text box.]Please specify:Is the patient housebound?: No Yes [Type a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Drawing Tools tab to change the formatting of the pull quote text box.][Type a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Drawing Tools tab to change the formatting of the pull quote text box.] |

|  |
| --- |
| Service required: Treatment for skin and nail conditions [Type a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Drawing Tools tab to change the formatting of the pull quote text box.] Nail surgery assessment  Biomechanical assessment (foot orthoses)[Type a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Drawing Tools tab to change the formatting of the pull quote text box.] Other (please specify in reason for referral box) [Type a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Drawing Tools tab to change the formatting of the pull quote text box.]  |
| Appointment Urgency: Routine Urgent [Type a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Drawing Tools tab to change the formatting of the pull quote text box.][Type a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Drawing Tools tab to change the formatting of the pull quote text box.] |
| Please identify the reason for referral: |
| Has the patient previously had podiatry treatment for this condition? Yes No [Type a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Drawing Tools tab to change the formatting of the pull quote text box.][Type a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Drawing Tools tab to change the formatting of the pull quote text box.]  |
| PMH:  |
| BMI:  |
| Medication: |

Blue text = self populating from EMIS

**Home Visiting Criteria**

Patients may be considered for a home visit in the following circumstances;

* Patients who are bed bound
* Patients who require hoisting in order to be moved or to travel
* Where it would be detrimental to the patient’s condition or recovery if they were to travel to a community clinic or health centre
* Patients whose medical condition affects their mobility to the extent they need ambulance transportation to hospital appointments i.e. unable to take a car or taxi

**Patients are not eligible for a home visit if they are able to go out by taxi, car, motorised scooter, bus or walk/travel to visit any of the following;**

* Doctors
* Shops
* Relatives
* Hairdresser/Barber
* Dentist/Optician
* Phlebotomist/Nurse
* Luncheon clubs, restaurants or café’s

In these circumstances, patients will be required to attend their local community clinic.

Home visits will also be withdrawn where it becomes known that patients already in receipt of domiciliary care are able to leave their home for any of the reasons listed above.