



## Podiatry Referral Form

**IF YOU ARE DIABETIC PLEASE CONTACT YOUR NEAREST PODIATRY CLINIC FOR ADVICE ON WHERE TO ACCESS CARE.**

**ALLERDLE – 01900 705120, CARLISLE – 01228 608020, COPELAND – 01946 68635**

**EDEN – 01768 245628**

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

Mr/Mrs/Miss/Ms/Master/Other (please Specify).....

Name..... Date of Birth.....

If under 16 Parent/Guardian Name.....

Address.....

.....Post Code.....

Tel No Home..... Work..... Mobile.....

GP Practice.....

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 ☐ Irish ☐ Other white background ☐

Mixed: White /Black Caribbean ☐ White /Black African ☐  
White Asian ☐ Other mixed background ☐

Asian or Asian background: Indian ☐ Pakistani ☐ Bangladeshi ☐

Black: British ☐ Caribbean ☐ African ☐ Other Black background ☐

Other ethnic group: Chinese ☐ Other ☐ Not Stated ☐

Medical History

Please tick if you have any of the following:

Heart Problems ☐ Rheumatoid Arthritis ☐ Kidney Disease ☐

Poor Circulation ☐ Stroke ☐ Diabetes ☐ Neuropathy ☐

Cancer-currently receiving treatment

Other (please state) -----

Do you consent to the Podiatry service accessing your GP records? Yes / No (circle)

Please list any medicines/tablets that you take, or attach a copy of your current repeat prescription. Please note if this is not filled in the referral could be returned if you do not take medication please state this.

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Have you any allergies?      Yes / No    Describe.....

What is your foot problem? (Provide as much detail as possible, consider SBAR).

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.....  
.....

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

Have you been treated by NHS podiatry before      Yes/No

**If this form is completed by a Health Professional please:-**

**Sign:-**

**Name:-**

**Designation / Contact Details:-**

Comments / Further Information

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**I confirm I have read / agree to the information attached.**

Patients Signature ..... Date.....

Please return completed form to:   **Podiatry Department**  
  **Penrith Health Centre**  
  **Bridge Lane**  
  **Penrith**  
  **CA11 8HX**  
  **Phone:**  
  **Email:**

For Office Use Only

Triage Date .....

Decision: Accepted / Rejected

Priority: Urgent / Non Urgent

Status: New / Patient / Bio / Paed / Diabetic Screening / DOM (attach Domiciliary checklist)

Referral on / reason why:

Podiatrists signature.....

Print Name .....

Contact Notes.....

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## **Anyone of any age is eligible for foot / lower leg assessment**

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

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

**Please give as much detail as you can about your foot problem so the podiatrist can ensure you receive the right type of appointment.**

Your form will be:-

- Checked by a podiatrist in 2 working days.
- Classified as urgent or non-urgent.
- Urgent appointment will be offered by phone.
- Non-urgent you will receive a letter about how to make an appointment for a day and time and venue that suits you.

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

The podiatrist will assess your foot problem and discuss possible treatment options with you.

#### **The options may include:**

- Advice on how you can manage your own foot care, including advice on suitable footwear.
- Offer a course of treatment (short term).
- Refer you for more specialised podiatry care, depending on your foot problem.
- You may receive treatment at assessment if this 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.**
- **Please note if you are discharged from podiatry, then you cannot refer back into the service with the same condition within 12 months.**

### **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