

PODIATRY REFERRAL FORM (page 1 of 2) PLEASE NOTE WE DO NOT PROVIDE A FILING OR TOE NAIL CUTTING SERVICE

and South Humber **NHS Foundation Trust**

THIS FORM IS TO BE USED FOR ALL NEW PATIENTS FOR PODIATRY FOOT PROTECTION SERVICE **INCLUDING NAIL SURGERY**

FAILURE TO COMPLETE ALL SECTIONS WILL RESULT IN YOUR APPLICATION FORM BEING RETURNED AND THEREFORE DELAY YOUR TREATMENT

Person completing th	e form (ti	ck appr	opria	ite)						
□Self	□Relativ		tive		☐Carer			Other health professional		
☐General practitioner	er (please state)									
			,,	,						
□Community Podiatry	nmunity Podiatry			ckhill Road Hospital site			☐ In-patient Doncaster Royal Infirmary- For Diabetes patients ONLY			
Title (Mr/Mrs/Miss) First Name			Last Name				Date of Birth			
(**************************************										
Address			•							
			Post			Posto	code DN4 8QN			
Home phone number				Mobile phone number*						
* Consent to receiving SMS text messages Y / N								/ / N		
Email address		(I I)								
(if you would like to be contacted NHS Number	ea by this m	etnoa)	Ir	nterpreter	Y/N	If ve	s, which	I		
(if known)				equired	1 / IN	•	juage			
· · · · · · · · · · · · · · · · · · ·				oquii ou		idilg	juugo	<u></u>		
GP name										
Practice Address										
Contact number										
GP practice email										
Or practice citiali										
If you have no medical pr	oblems r	lease tic	k this	s box \square o	therwise	e plea	se continu	e below and tick the		
appropriate boxes and co										
	Yes	No								
Active foot ulcer			If ye	s, is the nu	ursing te	am i	nvolved?(C	Circle) YES NO		
Amputation (toes/ lower			When?			Why?				
limbs/ part of foot)										
Diabetes				r of Diagno						
Loss of feeling			Any additional information (including other medical conditions,							
Poor circulation to lower			prev							
limbs										
Rheumatoid arthritis										
Severe breathing difficult	ies									
								ion you take, including		
tablets, creams and inhale	ers. You c	an attac	h a p	rescription	sheet i	f it is	easier.			

PODIATRY REFERRAL FORM (page 2 of 2)										
Who currently provides your foot care? (Tick appropriate)										
Self □ Relative □	Carer □ Priv	ate podiatrist [☐ Othe	r □ please s	state					
Location of prolHow it startedThe impact the	lave had the foot polem foot problem has one of the condition	oroblem on your day to	day activit	ies		ncluding:				
Please circle the curren	t level of pain fron	n your feet (1=	none, 10=e	extreme)						
1 2	3 4	5	6	7	8	9	10			
MOBILITY ASSESSMENT Are you fully mobile? If you answered no, do you require a ground floor appointment due to mobility Yes No issues i.e. wheelchairs or unable to use the stairs unaided? A very limited service is available to patients who are totally housebound*. A mobility assessment will be undertaken. We may contact your General Practitioner for further information. I require a home visit assessment because (please tick all that apply): I am bed bound and have a key safe I use a hoist and am unable to travel in a wheelchair taxi Other (state reason) *Definition of housebound "Housebound is an individual who is unable to leave their home environment due to a physical or psychological illness and to whom a GP would normally offer home visits as the only practical means of enabling face to face consultation. An individual is not housebound if they are able to leave their home environment with minimal assistance and routinely undertakes unassisted visits or visits minimally assisted by family, friends or other helpers, for example, the Doctor, Dentist, Hairdresser, Supermarket, Bingo, Public House, clubs and activities or other leisure venues. NB Each patient will be individually assessed to determine their eligibility for home visits". If you feel you meet the above criteria for a home visit, please tick this box for a mobility assessment form to be sent out to you (Housebound* patients only)										
Name of referring person (please print)										
Please return completed forms and <u>attach a photo of the condition</u> to assist with triaging to one of the following:										
rdash.podiatryreferrals@nhs.net										
Podiatry Services, Cantley Health Centre, Middleham Road, Goodison Boulevard, Doncaster DN4 6ED Tel: 03000 211550										