

Please tick here if you take no medication ☐, otherwise please list any medication you take, including tablets, creams and inhalers. You can attach a prescription sheet if it is easier.

PODIATRY REFERRAL FORM (page 2 of 2)

Who currently provides your foot care? (Tick appropriate)

Self ☐ Relative ☐ Carer ☐ Private podiatrist ☐ Other ☐ please state.....

Please provide information on why you are requesting a foot health assessment, including:

- How long you have had the foot problem
- Location of problem
- How it started
- The impact the foot problem has on your day to day activities
- **Attach a photo of the condition as this is helpful when assessing severity**

Any other Supporting information:

Please circle the current level of pain from your feet (1=none, 10=extreme)

1 2 3 4 5 6 7 8 9 10

MOBILITY ASSESSMENT

Are you fully mobile?

Yes No

If you answered no, do you require a ground floor appointment due to mobility issues i.e. wheelchairs or unable to use the stairs unaided?

Yes No

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).....

SIGNATURE DATE

Please return completed forms and attach a photo of the condition 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**