

# 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**

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 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.

Mr/Mrs/Miss/Ms/Master/other (please specify) .....

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

If under 16, Parent/Guardian name.....

Address .....

..... Postcode.....

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 .....

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  Varicose Veins

Poor Circulation  Stroke  Mobility Problems  Diabetes

Other (please state) .....

Do you take steroids or anticoagulants? Yes/No

Please list any medications or attach a copy of your current repeat prescription

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.....  
.....  
.....

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

What is your foot problem?

.....  
.....  
.....  
.....

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

Have you been treated by NHS Podiatry before? Yes/No

Comments/Further Information

.....  
.....  
.....

Is there any day/time you can not attend? .....

Please tick which clinic you wish to attend

- |                                   |                                   |                                   |   |
|-----------------------------------|-----------------------------------|-----------------------------------|---|
| Carlisle <input type="checkbox"/> | Brampton <input type="checkbox"/> | Longtown <input type="checkbox"/> | Alston <input type="checkbox"/>         |
| Penrith <input type="checkbox"/>  | Appleby <input type="checkbox"/>  | Shap <input type="checkbox"/>     | Kirkby Stephen <input type="checkbox"/> |

Patients signature ..... Date .....

Please return completed form to:

Podiatry Department  
London Road Community Clinic  
Capital Building  
Hilltop Heights  
London Road  
Carlisle  
CA1 2NS

For Office Use Only

Date received .....

NHS/Hospital No .....

Priority: Urgent/Non Urgent      Status: R   B   P   RH   D   T

Contact notes .....

.....  
.....  
.....

Podiatrist's signature .....

Triage Date .....

## **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 lower leg.

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

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

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.

Non urgent referrals are sorted into areas, and you will be contacted when assessment clinics are available at your chosen clinic. If you have requested a home visit a podiatrist will probably contact you and your GP to confirm the need for this. Please note that it is always better to be treated in a clinic where all the relevant equipment is at hand, particularly a bright light and proper chairs.

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

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

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

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

The options may include:

- Advice on how you or your carer can manage your own foot care, including advice on suitable footwear.
- Offer a course of treatment.
- Refer you to a specialist podiatrist, depending on your foot problem.
- You may receive treatment at assessment if this is 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.

## **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