

## SCHT Podiatry and Foot Health Services Referral

Podiatry Team email: [podiatryandfoothealthservices@nhs.net](mailto:podiatryandfoothealthservices@nhs.net)  
 Telephone: 01743 277681 or 277682 Fax: 01743 277680

### Patient

|   |   |
|---|---|
| <b>First Names:</b> Forenames   | <b>Address:</b> Patient Address Stacked |
| <b>Last Name:</b> Surname   |   |
| <b>NHS Number:</b> NHS Number   |   |
| <b>Date of Birth:</b> DOB   |   |
| <b>Phone:</b> Home Telephone  |   |
| <b>Mobile Phone:</b>  |   |
| <b>Diabetic Status:</b>   | <b>Disability:</b>                      |
| <b>HIV or Hepatitis:</b>  | <b>Ethnicity:</b>                       |
| <b>AQP:</b> If this referral is not AQP please indicate by ticking the box <input type="checkbox"/> |   |

### Referrer

|                                     |                                       |
|-------------------------------------|---------------------------------------|
| <b>Practice Name:</b> Practice Name | <b>Phone:</b> Practice Main Telephone |
| <b>Referrer name:</b>               | <b>GMC Code:</b>                      |

**Priority:** Urgent  Routine  **Medically Housebound** Yes  No

### Podiatry and Foot Health Services Referral Form

| <table style="width: 100%;"> <tr> <th style="text-align: left;">Yes</th> <th style="text-align: left;">No</th> <th></th> <th style="text-align: left;">Yes</th> <th style="text-align: left;">No</th> <th></th> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Infection affecting the skin</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Musculoskeletal complaint</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Painful, thickened or fungal nail</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Gait assessment (child)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Non-diabetic ulceration</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Diabetic Foot Screening</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Symptomatic corns or callus</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Severe Foot Deformity</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>In-growing Toenail with bleeding or discharge</td> <td></td> <td></td> <td></td> </tr> </table> | Yes                      | No  |                          | Yes                      | No                        |  | <input type="checkbox"/> | <input type="checkbox"/> | Infection affecting the skin | <input type="checkbox"/> | <input type="checkbox"/> | Musculoskeletal complaint | <input type="checkbox"/> | <input type="checkbox"/> | Painful, thickened or fungal nail | <input type="checkbox"/> | <input type="checkbox"/> | Gait assessment (child) | <input type="checkbox"/> | <input type="checkbox"/> | Non-diabetic ulceration | <input type="checkbox"/> | <input type="checkbox"/> | Diabetic Foot Screening | <input type="checkbox"/> | <input type="checkbox"/> | Symptomatic corns or callus | <input type="checkbox"/> | <input type="checkbox"/> | Severe Foot Deformity | <input type="checkbox"/> | <input type="checkbox"/> | In-growing Toenail with bleeding or discharge |  |  |  |  |
|---|--------------------------|---|--------------------------|--------------------------|---------------------------|--|--------------------------|--------------------------|------------------------------|--------------------------|--------------------------|---------------------------|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|-----------------------------|--------------------------|--------------------------|-----------------------|--------------------------|--------------------------|---|--|--|--|--|
| Yes   | No                       |   | Yes                      | No                       |                           |  |                          |                          |                              |                          |                          |                           |                          |                          |                                   |                          |                          |                         |                          |                          |                         |                          |                          |                         |                          |                          |                             |                          |                          |                       |                          |                          |   |  |  |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Infection affecting the skin                  | <input type="checkbox"/> | <input type="checkbox"/> | Musculoskeletal complaint |  |                          |                          |                              |                          |                          |                           |                          |                          |                                   |                          |                          |                         |                          |                          |                         |                          |                          |                         |                          |                          |                             |                          |                          |                       |                          |                          |   |  |  |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Painful, thickened or fungal nail             | <input type="checkbox"/> | <input type="checkbox"/> | Gait assessment (child)   |  |                          |                          |                              |                          |                          |                           |                          |                          |                                   |                          |                          |                         |                          |                          |                         |                          |                          |                         |                          |                          |                             |                          |                          |                       |                          |                          |   |  |  |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Non-diabetic ulceration                       | <input type="checkbox"/> | <input type="checkbox"/> | Diabetic Foot Screening   |  |                          |                          |                              |                          |                          |                           |                          |                          |                                   |                          |                          |                         |                          |                          |                         |                          |                          |                         |                          |                          |                             |                          |                          |                       |                          |                          |   |  |  |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | Symptomatic corns or callus                   | <input type="checkbox"/> | <input type="checkbox"/> | Severe Foot Deformity     |  |                          |                          |                              |                          |                          |                           |                          |                          |                                   |                          |                          |                         |                          |                          |                         |                          |                          |                         |                          |                          |                             |                          |                          |                       |                          |                          |   |  |  |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/> | In-growing Toenail with bleeding or discharge |                          |                          |                           |  |                          |                          |                              |                          |                          |                           |                          |                          |                                   |                          |                          |                         |                          |                          |                         |                          |                          |                         |                          |                          |                             |                          |                          |                       |                          |                          |   |  |  |  |  |

| Risk Factors                | Positive                 | Borderline               | Negative                 |
|-----------------------------|--------------------------|--------------------------|--------------------------|
| Diabetes                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Poor Circulation            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Neurological Disorders      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Rheumatoid Diseases         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Connective Tissue Disorders | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Blood Disorders             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Immunosuppressed            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Heart Conditions            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Please tick if applicable

Psychological Disorders
  Cancer Therapy in past 12 months
  Pregnant or within 12 months post-natal

**Other:**

### Clinical details including medication:

Please ensure all attachments are included. Requests with insufficient detail will be returned and unfortunately the patient will be unable to be booked in.