PODIATRY REFERRAL FORM

|  |
| --- |
| Patient Details  |
| Surname: |  |
| First Name: |  | DOB: |  / / |
| Address: |  |
| Postcode: |  |
| E-mail: |  |
| Telephone: |  | Mobile: |  |

|  |
| --- |
| **GP Details** |
| **Name:** |  |
| **Practice Address:** |  |
| **Telephone:** |  | **E-mail:** |  |

**The podiatry service does not provide nail cutting**. If you require a nail cutting service, please contact Simply Nails on **01597 825908** or visit [www.ageuk.org.uk/cymru/powys/our-services/footcare](http://www.ageuk.org.uk/cymru/powys/our-services/footcare) or a private practitioner.

**Incomplete forms will be returned.**

**Specific Problem:**

**Please note, some appointments may be digital and not face to face.**

**A very limited service is available to patients who are housebound\*.**

**\* Definition of housebound Patients eligible for a home visit by the podiatry service are those who are one or more of the following:**

* Persons who are completely bedbound.
* Persons who require hoisting in order to be moved or to travel and would become ill if required to travel to a clinic.
* Persons deemed on a temporary basis to be clinically too ill to be reasonably expected to travel.

# HEALTH CONCERNS (Please tick all relevant boxes)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| None | Foot wound/ulcer | Impaired Immunity | Heart Disease |  |
| Diabetes | Mental illness | Rheumatoid Arthritis | Amputation |  |
| Kidney Disease | Neuropathy | History of Cellulitis | COPD |  |
| Palliative Care | Osteoarthritis  | Intermittent Claudication | Angina |  |
| Retinopathy | Lymphoedema | Neurological Disorder |  |  |

**FOOT PROBLEMS (Please tick all relevant boxes)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Skin | Normal | Fungal | Corn/callus  | Sepsis | Wound/ulcer |
| **Nails** | Normal  | Fungal | Thickened  | Curved  | Ingrowing |
| **Pain** | None | Slight  | Moderate  | Severe | Extreme |
| **Deformity** | None  | Mild | Moderate | Severe | Extreme |

**Other reason for referral (e.g. insoles / gait analysis HCP referral only) –**

**Referrer:………………………….Title: ………. Signature: ………………….**

 **Address: …………………………………………………… Date: ……………**

 **Interpreter required / Language: …………………………..**

Please email or print and post the completed referral form to:-

Podiatry Appointments,

Montgomery County Infirmary, Llanfair Road, Newtown, Powys, SY16 2DW

Tel: 0845 840 1234 / 01686 613200 Fax: 01686 617238

E-Mail: contact.centre@wales.nhs.uk