**Somerset Community Podiatry Service Referral Form**

Please complete all sections & email our booking office:

Name of Referrer / Designation:

Referrer telephone number:

Date of referral:

Patient Demographics

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name |  | Title |  |
| Tel No. | |  |  | | --- | --- | |  | 01458555006 |  |  |  | | --- | --- | |  | 01458555006 |  |  |  | | --- | --- | |  | 01458555006 | | D.O.B. |  |
| Full address |  | G.P. |  |
| G.P.  Practice | Dykes Way |
| Post Code |  | Ethnicity |  |
| Community  Hospital / Ward |  | NHS No: |  |
| Please note:  The Podiatry Service is clinic / hospital based. To be considered for a home visit the patient must have an active foot ulcer **and** be totally housebound. Does the patient meet both these criteria? | | | Yes / No |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Podiatry Referral Criteria – To be eligible must have both a medical and podiatric need** | | | | | | **Medical Need** | **Checkmark** | **Podiatric Need** | **Checkmark** | **Not eligible** | | Diabetes |  | Infection |  | Asymptomical Biomechanical conditions | | Rheumatoid Arthritis |  | Ulceration |  | Only have podiatric or medical need, not both | | Connective Tissue Disorder or fixed deformity at risk of ulceration |  | Symptomatic Biomechanical need (no medical need required) |  | Provision of footwear or splints | | Peripheral Vascular Disease |  | Surgically appropriate IGTN (no medical need required) |  | Non-pathological nails/normal nails/fungal nails | | Neuro Condition affecting lower limb or foot |  | Symptomatic Skin Condition (Corn & Callus) |  | verruca | | CKD Stage 4 or 5 |  | Painful Gyphotic/Chauxic Nails |  | Callous or corns where no risk is present | |  |  |  |  |  |   **Reason for referral**  (Please complete triage information below for patients who are at risk or currently have an ulceration) |
| **Medication and medical history**  (Please attach a medical summary if available) |

**TRIAGE INFORMATON**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of last annual diabetic foot check if applicable:**  **--/--/----** | |  |  |  |  | | --- | --- | --- | --- | |  | **/6 touch the toes test** | **Dorsalis Pedis Palpable Pulses?** | **Posterior Tibial Palpable Pulses?** | | **Right Foot** |  |  |  | | **Left Foot** |  |  |  | |
| **SELECT A CATEGORY** | **Please follow these steps** |
| **Low Risk 🞎** | **Please provide written advice to patient :** [**https://www.somersetft.nhs.uk/podiatry/wp-content/uploads/sites/135/2021/07/FOOT-LEAFLET-LOW-2021Doc.docx**](https://www.somersetft.nhs.uk/podiatry/wp-content/uploads/sites/135/2021/07/FOOT-LEAFLET-LOW-2021Doc.docx) |
| **Increased risk of an ulcer 🞎** | **Please provide written advice to patient :**  [**https://www.somersetft.nhs.uk/podiatry/wp-content/uploads/sites/135/2021/07/FOOT-LEAFLET-MODERATE-2021Doc.docx**](https://www.somersetft.nhs.uk/podiatry/wp-content/uploads/sites/135/2021/07/FOOT-LEAFLET-MODERATE-2021Doc.docx)  **Refer to Somerset Community Podiatry service, inform patient that is a waiting list, however, they may find it useful to seek help from an HCPC registered Podiatrist.** |
| **High risk of developing an ulcer 🞎** | **Please provide written advice to patient :** [**https://www.somersetft.nhs.uk/podiatry/wp-content/uploads/sites/135/2021/07/FOOT-LEAFLET-HIGH-2021Doc.docx**](https://www.somersetft.nhs.uk/podiatry/wp-content/uploads/sites/135/2021/07/FOOT-LEAFLET-HIGH-2021Doc.docx)    **Refer to Somerset Community Podiatry service, inform patient that is a waiting list, however, they may find it useful to seek help from an HCPC registered Podiatrist:**  <https://www.hcpc-uk.org/check-the-register/> |
| **Active ulcerated foot new or deteriorating 🞎** | **Does the patient have an open wound or a red hot swollen foot?**  **If yes, it is essential to see the patient face to face in clinic and complete the sections below:**   |  |  |  | | --- | --- | --- | | **Is the patient diabetic;**  **Yes No** | **Do they have multiple foot ulcers?** | **Yes No** | | **Location: Fore foot 🞎**  **Mid foot 🞎**  **Hind foot 🞎** | | | | Are any of the following present: (tick or highlight)  ☐ Signs of local infection  ☐ Critical Limb Ischemia  ☐ Gangrene/necrosis  ☐ Suspicion of active Charcot | | |   ☐ Patient taking antibiotics  If yes, which antibiotics inc. dose……………………………  Has the wound been swabbed? Yes 🞎 No 🞎  **Please provide photographs of the wound when sending the referral**  **Refer for an urgent Podiatry appointment:**  [**physiotherapymskandpodiatrychard@SomersetFT.nhs.uk**](mailto:physiotherapymskandpodiatrychard@SomersetFT.nhs.uk)  **OR telephone the GP line on 01749 836518 (Mon-Thurs 8.00-4.30pm, Friday 8-3.30pm) to speak to one of the team.** |
| **Emergency conditions/ systemic infection with or without ulceration** | **Somerset Primary link referral – please arrange emergency admission**  **Please do not refer to Podiatry** |

Please note that incomplete forms will be returned to the reefer as we are unable to make a triage decisions without full information.

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| Office Use Only | |
| Urgent | 24 hours |
| Priority | 1 week |
| Routine | 6 weeks |
| Education | First available session |
| Nail Surgery | Urgent / non-urgent |
| Musculoskeletal | Urgent / non-urgent |