**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

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| --- | --- | --- | --- |
| Full Name |   | Title |  |
| Tel No. |

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|  | 01458555006 |

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 | 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:****--/--/----** |

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| --- | --- | --- | --- |
|  | **/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****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 |