

Podiatry Referral Form

Patient Details NHS No	
Surname:	Mr Mrs Ms Other
First Name:	Date of Birth
Address:	
Postcode:	
Tel (Home)	Tel (Mobile/Other)

GP & Referrer Details	Date:
Referrer name:	GP Practice (<i>Practice Stamp</i>)
Designation:	
Referrer address:	
Telephone number:	Assigned GP:

Presenting symptoms / clinical signs / visible lesions:

Duration/ onset and location of symptoms:

Investigations:

Previous treatment already received for this condition:

Please list any current medication or attach copy of prescription list:

Previous medical history:

Possible diagnosis:

Is the patient Diabetic? YES/NO Please include last HbA1c: Date:

Please state patient risk MODERATE OR HIGH (Low risk does not require referral to Podiatry)

Patients with ACTIVE DIABETIC FOOT DISEASE should be referred directly to Diabetes Care Centre, James Cook University Hospital (email- stees.jcu-h-diabetesfoot@nhs.net)

Please return completed forms to: Podiatry Department, One Life, Linthorpe Road, Middlesbrough TS1 3QY or email to: podiatry.clinic@nhs.net

PODIATRY USE ONLY		Date Received:	Date Triaged:	Initials:
High Risk Clinic	Urgent	Non Urgent	Reason returned to referrer:	
Nail Surgery	Urgent	Non Urgent		
Biomechanics	Urgent	Non Urgent	<input type="checkbox"/> Insufficient information	
General Assessment	Urgent	Non Urgent	<input type="checkbox"/> Poor scan quality for Systm1	
Heel Pain Clinic	Urgent	Non Urgent	<input type="checkbox"/> Referral not appropriate	