

PODIATRY SERVICE – REFERRAL FORM

Patient CHI Number

Title: Forename: Surname:

Address:

Post Code: Full Tel No:

Doctors Name: Doctor's Code:

Is patient totally housebound? Yes No

If patient is not totally housebound (i.e. can attend doctor, hairdresser or go to shops) then a clinic appointment will normally be given unless a specific reason is supplied herewith:

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Reason for referral:

Physical Handicap (which has a direct adverse effect on feet) ☐ Chronic Degenerative Neurological Disease ☐ School Child ☐

Mental Illness (In-patient Murray Royal Hospital or Social Services client) ☐ Expectant Mother ☐ Nail Surgery ☐

Rheumatoid Disease – please outline reason for referral:

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Diabetes - please record foot screening risk outcome – **unable to process referral without this information:**

Low Risk ☐ Moderate Risk ☐ High Risk ☐ Active Foot Disease ☐

If low risk diabetic please specify reason for referral

Over 65years – please outline reason for referral:

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Other Relevant Medical History:

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Tick if current medication includes: Steroids (excluding inhalers & topical preparations) Immuno-suppressive therapy

In accordance with The Mental Health (Scotland) Act 2003, please tick as appropriate:

This patient has full capacity ☐ I have enclosed completed Section 47 certificate which extends to Podiatry ☐

Signature Date

Please indicate Doctor / Health Visitor / District Nurse / Podiatrist / Practice Nurse / Other (specify)