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| --- |
| **Patient Details** |
| Surname:  | Date of Birth:  |
| Forename(s):  | NHS No.:  |
| Address (inc. postcode): | Email: |
| Tel No. (Home): | Tel No. (Mobile): |
| **Patient Information** |
| Would your patient benefit from additional support?  | [ ]  Yes[ ] No In what way? |
| Is your patient able to give informed consent?  | [ ]  Yes[ ] No  |
| Is a translator required? [ ]  Yes[ ] No Please specify:  |
| **GP Details** |
| Referring GP:  | GP Tel No:  |
| Practice Name:  | Practice Email Address:  |
| Practice Address:  | Date of decision to refer:  |
| **MEDICAL HISTORY** |
| **Clinical History (significant past and current medical history):**  |
|  |
| **MEDICATION** |
| **Current Medication:** |
|  |
| **SECTION 1 - REASON FOR REFERRAL**  |
| **Which of the following affects your patient at present? Please tick all the relevant boxes and provide more detail in section 2, including a photograph if applicable, to enable effective triaging.** |
| Foot ulcer/wound |  | Infection |  | High risk foot review |  | Foot pain |  | MSK/biomechanics |  |
| Corns/callus |  | Skin pathology |  | Acute ingrowing nail |  | Nail pathology  |  | Foot deformity |  |
| **PLEASE CONFIRM A PHOTO IS ATTACHED** [ ]  |
| **For urgent patients with diabetes follow the Diabetes Footcare Pathway**[**https://www.royaldevon.nhs.uk/services/podiatry/information-for-healthcare-professionals/**](https://www.royaldevon.nhs.uk/services/podiatry/information-for-healthcare-professionals/) |
| **Please indicate on the diagram below which areas are causing pain or discomfort and level of pain:**  Right Foot Top Right Foot Sole Left Foot Sole Left Foot Top **Pain score (please circle) 0 1 2 3 4 5 6 7 8 9 10** (0 = no pain, 10 = severe pain) |
| **SECTION 2 - pLEASE FILL IN RELEVANT REFERRAL details BELOW** |
| **High risk foot care** |
| **Health problem:** | **Yes** | **No** | **Details** |
| Is there any history of foot ulceration or amputation? |  |  |  |
| Is there known peripheral arterial disease? |  |  |  |
| Is peripheral neuropathy present? |  |  |  |
| Unexplained red-hot foot or suspected Charcot foot? |  |  |  |
| **If diabetic, what foot risk was recorded at the last foot check?**  | **High** [ ]  **Moderate** [ ]  **Low** [ ]  **Date:** |
| **WOUND CARE** |
| **Health problem:** | **Yes** | **No** | **Details** |
| Location and duration of wound |  |
| Is the cause of wound known? |  |  |  |
| What is the current status of this wound?  | **New** [ ]  **Deteriorating** [ ]  **Static** [ ]  **Improving** [ ]  |
| Currently on antibiotics for foot ulcer? |  |  |  |
| Has a wound swab been taken in the last 2 weeks? |  |  | **Result:**  |
| Who is currently managing the wound? | **Practice Nurse** [ ]  **Comm Nurse** [ ]  **Patient** [ ]  **Other** [ ]  |
| **MUSCULOSKELETAL PODIATRY** |
| **Health problem:** | **Yes** | **No** | **Details** |
| Suspected condition? |  |
| Symptoms? |  |  |  |
| Does it have an impact on activities of daily living? |  |  |  |
| Previous treatment tried? |  |  |  |
| Pain score? (0 = no pain, 10 = severe) | **0 1 2 3 4 5 6 7 8 9 10**  |
| **Ingrowing toe nail requiring surgery under LA** |
| **Health problem:** | **Yes** | **No** | **Details** |
| Which toe/s is affected? |  |
| Erythema, hyper granulation, infection or discharge? |  |  |  |
| How many episodes have required antibiotics this year? |  |  |  |
| Has there been a past nail surgery on the same nail? |  |  |  |
| **ADDITIONAL INFORMATION** |
| **Any additional information not included above** |  |
|  |