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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? | | | | | | YesNo In what way? | | | | | | | | | |
| Is your patient able to give informed consent? | | | | | | YesNo | | | | | | | | | |
| Is a translator required?  YesNo 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** | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | |