NHS
The Rotherham
NHS Foundation Trust

Community Podiatry Referral Form - Please Select: ☐ GP Referral ☐Self-Referral

Patient Information	**GP Information**
Patient Full Name:	GP Name:
	GP Address:
NHS Number (required):	
Date of Birth:	
Patient Address:	
Postcode:	Postcode:
Contact Number:	Contact Number:
Alternate Contact Number:	Email:

Medical History (tick where appropriate)

☐ Diabetes Recent HbA1c: Date: ☐ Hypertension ☐ High Cholesterol ☐ Heart attack / Stroke / Angina ☐ Respiratory Disease:	☐ Asthma / COPD ☐ Rheumatoid Arthritis ☐ Other Inflammatory Condition ☐ Dementia / Alzheimer's ☐ Peripheral Artery Disease ☐ Peripheral Neuropathy	☐ Venous Insufficiency ☐ Renal Impairment ☐ Gout ☐ Compromised Immune System ☐ Blood Borne Viral Disease ☐ Dermatological

Other:

☐ **Allergies:**
☐ **Medical history attached**

Medication (please list) **MUST BE COMPLETED**

☐ **Antibiotic therapy (please specify):**
☐ **Medication list attached**

Reason for referral (please select)
☐ Callus
☐ Corns
☐ Nailcare
☐ Ingrowing toenail
☐ Other (please specify)

Description of the problem (please specify)
Foot: Right / Left / Both

Previous treatment:

THE BELOW OPTIONS ARE FOR GP USE ONLY

Rapid access / Urgent referrals
☐ Non diabetic foot ulceration
☐ Acute ingrowing toenail

Domiciliary / Home Visit
☐ Domiciliary Visit required *(please note patients must be **bedbound/housebound** to qualify for a home visit, referrals also need to be completed by the patients GP)*

If patient is systemically unwell with Diabetic Foot Disease or requires URGENT intervention, please arrange hospital admission through A&E. All urgent active diabetic foot disease should be referred to the Diabetes Podiatry Department at the Diabetes Education & Resource Centre
(T) 01709 427910
Email: rgh-tr.rotherhamdiabetespodiatry@nhs.net

☐ Transport required

☐ Interpreter required - Specify Language:

Referrers Name (print):	Title:	Date:	Contact Number:

Send all Podiatry Referral Forms to:
The Podiatry Admin Team
The Contact Centre
Woodside
Moorgate Road
Rotherham
S60 1RY

Contact hours: 08:00-17:00, Monday-Friday
Telephone: 01709 423200
Or
Email: rgh-tr.podiatryappointments@nhs.net

Please note: illegible, incomplete or inappropriate referrals will be returned to referrer.
Patients will be triaged and assessed according to medical and podiatric need.

☐ Returned to referrer. Name of returner: Reason: ☐ illegible ☐ incomplete ☐ inappropriate