|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name: <Patient Name>** | | | | | | | | | | | | | | **NHS Number: <NHS number>** | | | | | | |
| **Address:**  **<Patient Address>** | | | | | | | | | | | | | | **Date of Birth: <Date of birth>** | | | | | | |
| **Gender** | | | **<Gender>** | | | |
|  | |  | | | | | | | | | | | | **Is the patient a military veteran?** | | | **Y** | | **N** | |
| **Tel No:** | | **<Patient Contact Details>** | | | | | | | | | | | | **Does the patient have a registered carer?** | | | **Y** | | **N** | |
| **Mobile:** | | **<Patient Contact Details>** | | | | | | | | | | | | **Email address:** |  | | | | | |
| **The service will be providing telephone and video consultations as part of patient care.  We need to  know if you have access to any of the following:** | | | | | | | | | | | | | | **If you are able to send images of the injury/issue please attach to this referral or send to:**  [**Podiatry@solent.nhs.uk**](mailto:Podiatry@solent.nhs.uk) | | | | | | |
| **Smartphone** | **Y** | | | | | | | | | **N** | | | |
| **Tablet** | **Y** | | | | | | | | | **N** | | | |
| **Laptop / Desktop PC** | **Y** | | | | | | | | | **N** | | | |
| **Does the device have a**  **camera and sound?** | Y | | | | | | | | | **N** | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **GP: <GP Name>** | | | | | | | | | | | | | | **Practice Address: <GP Details>** | | | | | | |
| **Tel No:** | | **<GP Details>** | | | | | | | | | | | |
| **Safeguarding** | | **Reported**  **Yes**  **No** | | | | | | | | | | | | **Link if Known:** | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Medical History Summary:** | | | | | | | | | | | | | | | | | | | | |
| **Diabetes** | | | **Y** | | | **N** | **If yes: Complete Diabetes Foot Assessment** [**(DFA)**](http://www.portsmouthdiabetes.co.uk/admin/resources/uploaded/Diabetic%20Foot%20Assessment392.pdf) **Form must be attached** | | | | | | | | | | | | | |
| **Current Medication:** | | | | | | | | | | | | | | | | | | | | |
| **Reason for Referral:**  **Please describe the problem in detail to allow accurate triage:**  **Please provide as much detail as possible** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Current Foot Ulceration?** | | | | | **Y** | | | **N** | | | **If Yes: please follow Diabetic Foot Referral Pathway** | | | | | | | | | |
| **Description of ulcer:**  **Location, size, depth, wound bed description, duration, presence of neuropathy, ischaemia, previous amputation** | | | | | | | | | | | | | | | | | | | | |
| **Current Antibiotic Regime: Name, dose duration date commenced** | | | | | | | | | | | | | | | | **History of MRSA** | | **Y** | | **N** |
| **Ingrowing toenail?**  People with diabetes will require HBA1c within the past 3months. | | | | **Y** | | | | | **N** | | | | **If yes please state if Antibiotics have been prescribed** | | | | | **Y** | | **N** |
| **Details of referrer** | | | | | | | | | | | | | | | | | | | | |
| **Name: <Your Name>** | | | | | | | | | | | | **Correspondence Address:** | | | | | | | | |
| **Designation:** | | | | | | | | | | | |
| **Signed:** | | | | | | | | | | | |
| **Date: <Today's date>** | | | | | | | | | | | | **NHS.net address:** | | | | | | | | |
| **Diabetes Foot Assessment (DFA)**  **For use in conjunction with the Podiatry Referral Form**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Name: | | | | | | | | Assessment Date: | | | | | | | | | | | | Address:  Post Code: | | | | | | | | Date of Birth: | | | | | | | | | | | | NHS No: | | | | | | | | | | | | GP: | Surgery Name: | | | | | | | Green  Low Risk | | | | Amber  Moderate Risk | | | Red  High Risk | | | | | *Does the patient has any one of these?* | | | | | | | |  | | | |  | |  | | | |  | | Neuropathic, red, hot, swollen foot – suspected acute Charcot? | | | | | | | | URGENT Refer to Diabetes Foot MDT per Pathway | | | | | | | | | | | | Active foot ulceration | | | | | | | | | Critical limb ischemia (cold, pulseless, painful foot) | | | | | | | | Urgent refer to Vascular or ADMIT to SAU | | | | | | | | | | | | Gangrene (New presentation) | | | | | | | | | Spreading infection and systemically unwell | | | | | | | | | Does the patient have? | | | | | | |  | | No | | | Yes | | | | | | | | A previous amputation? | | | | | | |  | | Green | |  | | RED | | | |  | | | Past history of foot ulcer? (below the ankle) | | | | | | |  | | Green | |  | | RED | | | |  | | | Asymptomatic absent foot pulses? Both foot pulses in one or both *feet* | | | | | | |  | | Green | |  | | RED | | | |  | | | Symptomatic absent foot pulses? (*intermittent claudication/rest pain/ previous vascular surgery – NB NOT NEUROPATHIC PAIN)* | | | | | | |  | | Green | |  | | RED | | | |  | | | Less than 8 of 10 sites with 10g monofilament? Either foot | | | | | | |  | | Green | |  | | Amber | | | |  | | | On renal replacement therapy | | | | | | |  | | Green | |  | | RED | | | |  | | | Previous Charcot foot (not active and no ulceration) | | | | | | |  | | Green | |  | | Amber | | |  | | | | Significant foot deformity | | | | | | |  | | Green | |  | | Amber | | |  | | | | **Glycaemic control HbA1c** | | |  | DATE |  |  |  | | |  | | | | | | | | | | If the patient has any ticks in the YES column they will be either Moderate or High Risk depending on the RAG rating of the box. RED = HIGH RISK. AMBER = MODERATE RISK  Please refer to Podiatry giving full details on the Podiatry referral form and include this form. | | | | | | | | | | | | | | | | | | | | If the patient has **only green** squares ticked they are Low Foot Risk. Please **do not refer to Podiatry** but provide them with the following essential information: | | | | | | | | | | | | | | | | | | | | * Basic foot care advice and the importance of foot care. * Foot emergencies and who to contact. * Footwear advice * The person's current individual risk of developing a foot problem. * Information about diabetes and the importance of blood glucose control * Alternative ways of accessing Private Podiatry – The Foot Health Experts 0300 300 2015 or Private Podiatry HCPC registered. | | | | | | | | | | | | | | | | | | | | Is the patient happy to be referred? YES  NO | |  | | | | | | | | | | | | | | | | | | Assessors Name: Role: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Any incomplete or inappropriate referral forms will be sent back to the referrer which may result in delayed treatment.**

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| **If Using SystmOne:** Please send this form via electronic referral selecting the followingtask recipient.  1 New Podiatry eReferral |
| **If Not Using SystmOne:** Please send this form to  [**Podiatry@solent.nhs.uk**](mailto:Podiatry@solent.nhs.uk) |
| **For Further Advice, Contact Us On**: Tel No: 0300 300 2011  Podiatry Service, 1st Floor, Adelaide Health Centre, William Macleod Way, Millbrook, SO16 4XE |