

PODIATRY - Initial Referral Form for Triage

Camden Provider Services

Staff number for registration - CAMPOD <i>(Data entry use only)</i>		Client Registration Date/ Date Referral Received:		Date of Referral:		
CLIENT DETAILS	Please complete all fields		NHS Number:		Sex: M <input type="checkbox"/> F <input type="checkbox"/> Title: (Mr/Mrs etc)	
	Surname:		Date of Birth: / /			
	First Name:		Ethnic Origin:			
	Address: Post code:		First Language:			
			Interpreter required: Y/N			
			Please state which language you require your letters in if other than English:			
	Contact Tel No:		House bound: Y/N	Lives Alone: Y/N		
			Smoker: Y/N			
	LONG TERM CONDITIONS (LTC): Diabetes <input type="checkbox"/> Rheumatoid Arthritis <input type="checkbox"/> Osteoarthritis <input type="checkbox"/> PVD <input type="checkbox"/> Stroke <input type="checkbox"/>					
	Learning Disability: Y/N Description:					
Medication List: (or attach on a separate sheet)						
GP DETAILS	GP Stamp:		Address:			
	GP Name:		Tel No: Fax:			
FOOT CONDITIONS	Condition referred for:					
	1. Corns/Calluses <input type="checkbox"/>	2. Orthotics/Insoles <input type="checkbox"/>	3. Ingrown Toenail <input type="checkbox"/>	4. Verrucae <input type="checkbox"/>	6. Biomechanical assessment <input type="checkbox"/> 7. Nail cutting (see criteria below) <input type="checkbox"/> 8. URGENT (48 HOURS) <input type="checkbox"/> <i>(infected skin/toenail, bleeding as per LTC listed above)</i>	
Other: <i>(see criteria below, only refer after course of home treatment)</i>						
CRITERIA	NB Bunions and surgical appliances (refer via MSK)					
	Nail Cutting Referral Criteria: Care homes, housebound patients, fall prevention and diabetic patients with high risk of foot problems as per LTC above. Individuals with routine nail care will be advised regarding self care and signposted to services such as AGE CONCERN's nail cutting service Excluded conditions: Verrucae that cause no discomfort, fungal nails, paediatric conditions associated with normal musculoskeletal development, conditions requiring surgery.					
RETURN	Please return the form to:					
	Podiatry Appointment Office, Peckwater Centre 6 Peckwater Street, LONDON NW5 2UP			Tel: 020 7685 5601 (Patient Line) Fax: 020 7485 5306		