



Trafford podiatry service

NHS No:

Application form for community podiatry assessment (2015)					
ALL INCOMPLETE REFERRALS WILL BE RETURNED					
Referral Guidelines – Please read before completing this form					
The NHS Podiatry service is a medical service. Treatment will only be given to patients with a medical condition affecting their feet, those requiring nail surgery, or those with a foot disorder which is assessed by the podiatrist as requiring intervention.					
We are unable to provide treatment for simple nail cutting, footwear related corns and callus, and non-painful foot conditions unless this would lead to a critical foot problem if not seen by a podiatrist.					
Details of person completing this form:					
Name:		Designation: e.g. self, GP, DN, PN etc		Date:	
Patient's signature: _____					
(If the applicant is requesting a home visit this form must be completed by a medical professional, please see over page)					
PATIENT DETAILS (please PRINT)					
Surname		Forename		Gender	M / F
Address and postcode:					
Date of birth:		GP name:			
Tel no:		GP address:			
Mobile no:					
Emergency contact name & number:			Relationship:		
Have you been diagnosed with any of the following conditions: Please tick correct box <input type="checkbox"/>					
Diabetes	Yes / No <input type="checkbox"/> <input type="checkbox"/>	Managed by:	GP / Hospital Name of consultant:		
Rheumatoid Arthritis	Yes / No <input type="checkbox"/> <input type="checkbox"/>	Managed by:	GP / Hospital Name of consultant:		
Peripheral Vascular Disease	Yes / No <input type="checkbox"/> <input type="checkbox"/>	Managed by:	GP / Hospital Name of consultant:		
Any other significant medical condition for which you attend your GP / Hospital – please specify:					
What problems are you having with your feet? Please describe your foot problem:					
How does this impact your day to day activities? Please explain:					



Please record the current level of pain from your feet:		1 2 3 4 5 6 7 8 9 10 (1 = insignificant 10 = extreme)
Please list all your current medication, or attach a copy of your current prescription list:		
Have you ever had a foot ulcer or amputation?	Yes / No	Please give details:
Are you able to manage your own routine foot care? (Please tick most appropriate)		Yes I am able to manage my own routine foot care
		I have a carer or family member who assists me with foot care
		I have no carer or family member who can assist me with foot care
If you are requesting a home visit and are known to be housebound with your GP surgery you must obtain below the signature of a member of your GP practice team e.g. GP, practice nurse:		
		Name
		Signature
		Designation

Choice of Clinic Location: (please tick the appropriate box)

Please identify which clinic is most convenient for you to attend for assessment:

- Chapel Road Clinic, Sale (*Tuesday evenings available – selected clinic types only*)
- Delamere Centre, Stretford (bariatric chair available)
- Limelight community Health Centre, Old Trafford
- Partington Health Centre, Partington
- Timperley Health Centre, Timperley
- Woodsend Clinic, Flixton

Please return the completed form to:

**Podiatry Referrals
Single Point of Access
Crossgate House
Cross Street
SALE
M33 7FT or Email tspoa1@nhs.net**

OFFICE USE ONLY	
Date:	
Triage Category:	

- The information you have provided will be used to assess whether you are eligible for an NHS Podiatry Assessment.
- Each application will be triaged by a Podiatrist. You may be contacted by telephone to gain further information regarding your application, or to offer appropriate health education advice if you are not eligible for assessment.
- If you are eligible to access the service we will contact you with an assessment appointment.
- At assessment, the podiatrist may:
 1. Offer you advice and no further treatment, at which point you will be discharged from the service.
 2. Arrange a course of treatment, after which point you will be reviewed and either discharged or offered further treatment.