|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Access to Sirona podiatry services is guided on clinical need. Taking into consideration general health and presenting foot condition. Our eligibility criteria will be applied to referrals before acceptance; if a referral form is not completed in full, the patient’s eligibility may not be clear and will be rejected. Please note we do not accept referrals for personal / simple nail care, including fungal nails / verrucae and dermatological skin conditions, these referrals will be returned. | | | | | |
| **Patient Details** | | | | | |
| NHS Number: |  | | Name: |  | |
| D.O.B: |  | | Address (Including Postcode): | | |
| Gender |  | |  | | |
| Ethnicity |  | |  | | |
| Tel: |  | |  | | |
| Other: |  | |  | | |
| Email: |  | |  | | |
| **Patient gives consent for:**  Answer machine message  Message to be left with family member  Video call  Text messages  Emails  **IF THIS BOX IS TICKED THE PATIENT IS OPTING OUT OF CONTACT BY SIRONA VIA TEXT AND EMAILING** | | | | | |
| **Interpreter required?**  **If Yes which language**: | | Next of Kin Name:  Relationship:  Address:  Contact Tel no: | | | Appointments to be sent to next of kin?  Yes  No |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Access to the Sirona Podiatry Service is open to patients with a:**  **Relevant Medical Problem AND Foot Complication – Please tick:** | | | | | |
| Diagnosed PAD  Most recent ABPI: Left       Right  Most recent TBPI: Left       Right  **NOTE**: If evidence of Critical Limb Ischemia please refer directly to [vascular](https://remedy.bnssgccg.nhs.uk/adults/vascular/vascular-hot-clinic/)  Immunocompromised  Neurological disorder affecting lower limb  RhA / connective tissue disorder | | | | Callus / Corn  Active foot wound / ulcer / gangrene below malleolus  **Details & site of wound: send photo with referral**    **Duration of wound:** | |
| Diabetes Active or High Foot risk (according to NICE [NG19](https://www.nice.org.uk/search?q=ng19))  Diabetes newly painful swollen foot  Diabetes Moderate risk (according to NICE [NG19](https://www.nice.org.uk/search?q=ng19)) | | | | | |
| Any patient with ingrown toe nail causing localised tissue damage requiring nail surgery  Last INR & date if nail surgery required and patient on Warfarin therapy:  Last HbA1c & date if nail surgery required and patient has diabetes: | | | | | |
| Primary Reason for Referral: | | | | | |
| Expected outcome: | | | | | |
| Medication: | | | | | |
| Known allergies or sensitivities: | | | | | |
| Medical History (including relevant family and investigations history): | | | | | |
| **House bound status:**  Is the patient  Bed bound? Yes  No  Chair bound? Yes  No  Does the GP visit at home? Yes  No | | | | | |
| Any Staff / Patient  Risks / Safeguarding / Manual handling issues? | | | | | |
| Is the patient in compression bandages?  Yes:  No: | | | | | |
| **Referrer information** | | | | | |
| Referring Clinician  Name & Title: |  | Date of Referral: | |  | |
| Department & Organisation: |  | Referrer contact Tel no: | |  | |
| Address |  | Referrer email address (please provide a secure email address) | |  | |
| Podiatry Service Contact Details | | | | | |
| Email: [Sirona.podiatryservice@nhs.net](mailto:Sirona.podiatryservice@nhs.net)  Tel: 0300 124 5585 | | | | | |