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| 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 [ ]   |

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| **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 patientBed 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.netTel: 0300 124 5585 |