|  |
| --- |
| 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.****Podiatry is a clinic-based service and home visits will ONLY be offered on an individual basis should patients meet the home visit criteria.** |
| **Patient Details** |
| NHS Number: |       | Name: |       |
| D.O.B: |       | Address (Including Postcode):

|  |
| --- |
| PLEASE ENSURE ANY **TEMPORARY ADDRESS** IS ALSO INCLUDED:      |

 |
| 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 [ ]   |
| **Is a home visit required?**  Yes [ ]  No [ ]  **if yes, please complete the following:**Does the patient access private, public, hospital or community transport? Yes [ ]  No [ ] Is patient mobile within their own home Yes [ ]  No [ ] Can the patient answer the door Yes [ ]  No [ ] Does the GP visit at home? Yes [ ]  No [ ] Is the patient:Bed bound? Yes [ ]  No [ ] Chair bound? Yes [ ]  No [ ]  |
| Risks / Safeguarding / Manual handling issues?       |
| Is the patient in compression bandages?Yes: [ ]  No: [ ]  |
|

|  |
| --- |
| **Referrer information** |
| Referring Clinician Name & Title: |       |
| Job Role: |       | Date of Referral: |       |
| Department & Organisation: |       | Referrer contact Tel no: |       |
| Address |       | Referrer email address (please provide a secure email address) |       |

 |

|  |
| --- |
| **Access to the Sirona Podiatry Service is available to patients with a:****Relevant Medical Problem AND Foot Complication – Please tick:** |
|

|  |  |  |  |
| --- | --- | --- | --- |
| 1.  | **Active Diabetes foot problem.**Foot ulceration or tissue loss below Malleoli/ ankleSuspected wound under callus.New red, hot swollen toe or foot. | [ ]  [ ]  [ ]  | **If there is a foot wound present, please provide the following details:****Details & site of wound: send photo with referral**     **Duration of wound:**      [ ]  Diagnosed PAD Most recent ABPI: Left       Right      Most recent TBPI: Left       Right      **NOTE: If evidence of Critical Limb Ischemia or suspected sepsis please refer directly to** [vascular](https://remedy.bnssgccg.nhs.uk/adults/vascular/vascular-hot-clinic/) |
| 2. | **Non- Diabetes with Foot Ulceration below Malleoli****Diabetes: high risk:** No current foot wound but has a previous history of foot ulcer/ Previous amputation/ Previous Charcot. On Renal replacement therapy.Presence of peripheral arterial disease and Peripheral neuropathy. Neuropathy in combination with callus and/or deformity.**Non-Diabetes: High risk:**No current ulceration but with a history of complex medical need eg;Peripheral arterial disease/ immunocompromised/ Rheumatoid Arthritis **COMBINED** with afoot complication. | [ ]   [ ] [ ]  |
| 3. | **Diabetes - Moderate risk:** No previous foot ulceration, history of peripheral arterial disease **OR** neuropathy **OR** foot deformity. | [ ]  |
| 4. | **Any patient with ingrown toe nail causing localised tissue damage requiring nail surgery** [ ] 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):      |
| Podiatry Service Contact Details |
| Email: Sirona.podiatryservice@nhs.net Tel: 0300 124 5855V1.4 Dated May 2025 |