|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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/ ankle  Suspected 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](mailto:Sirona.podiatryservice@nhs.net)  Tel: 0300 124 5855  V1.4 Dated May 2025 | |