

## **PODIATRY SERVICE REFERRAL FORM**

**This form cannot be used for referral to MSK/ IMPReS Service, Diabetic Foot Team or Orthotics Service**

### **Criteria for Referral for Podiatry Assessment/Treatment:**

The Podiatry Service is a specialist clinical service which provides highly specialist podiatric care for patients with significant foot complications.

**Please note that the Podiatry Service does not provide low risk Podiatry care including low risk general nail cutting and general basic podiatry treatment, such as fungal nails.**

The Podiatry Service provides access for patients who require the following podiatric interventions:

- At risk patients (foot health at significant risk of ulceration / amputation) requiring highly specialist podiatric interventions
- Wound care issues; i.e. diabetic foot ulcers, pressure ulcers, non-healing foot wounds, specialist wound care skills of debridement and offloading casting devices
- Nail surgery interventions for acute/chronic nail conditions, i.e. ingrowing toenails
- 2<sup>nd</sup> level diabetic foot screening – please note 1<sup>st</sup> level diabetic foot screening is available from GP Practice
- Biomechanical assessment for gait problems presenting with symptoms only (to be referred by registered healthcare professionals only)

Please note that we provide a clinic based service across all localities of East Lancashire including the availability of evening clinics. Appointments offered will be within the East Lancashire footprint. All clinics are by pre-booked appointment.

**BIOMECHANICAL ASSESSMENT - REFERRED BY REGISTERED HEALTHCARE PROFESSIONALS ONLY**

Please note that patients are referred to the appropriate service in line with clinical pathways. Please ensure that patients requiring musculoskeletal multidisciplinary interventions must be referred to IMPReS Service (formerly MSK Service). For example plantar fasciitis must be referred to Physiotherapy for initial intervention.

**NAIL SURGERY- REFERRED BY REGISTERED HEALTHCARE PROFESSIONALS ONLY**

Please note that patients cannot self-refer for surgical procedures such as partial and total nail avulsion.

Patients can self-refer for ingrowing toenails.

**DIABETIC WOUNDCARE REFERRALS**

Please note that patients are referred to the appropriate service in line with clinical pathway. Please ensure that patients with acute diabetic foot wounds and acute Charcot foot are referred to the Diabetes Foot Team within 24 hours. Please use the Diabetes Foot Team referral form.

Please note that patients **must** be registered with an East Lancashire CCG GP to access East Lancashire Hospitals Podiatry Service.

Patients requiring general routine Podiatry care who do not fulfill the criteria for treatment will be required to seek non-NHS Podiatry Services, i.e. HCPC registered Podiatrists. These can be found on the following websites:

Society of Chiropodists and Podiatrists [www.scpod.org/find-a-podiatrist](http://www.scpod.org/find-a-podiatrist)

HCPC [www.hcpc.org/check](http://www.hcpc.org/check)

NHS Choices [www.nhs.uk/service-search](http://www.nhs.uk/service-search)

### **What happens to the referral form?**

The referral form needs to be sent to the nearest locality hub where the patient will be registered on the EMIS system – see appendix 1.

The referral form will be triaged according to clinical priority based on referral form information. The referral form will be rejected and returned in cases where insufficient / illegible information is provided on referral.

The patient will receive a letter notifying them of their future appointment at a Podiatry Service location. It is important that the patient or their carer informs the Podiatry Service if they no longer require the appointment or are unable to attend as we can offer the appointment to another patient.

The patient will get SMS text reminders for clinic appointments booked 7+ days ahead

### **What happens at the assessment appointment?**

The patient will be assessed and treatment will only be provided if deemed necessary by the Podiatrist. A treatment plan will be developed for those patients requiring treatment.

The patient will be discharged from the Podiatry Service if the patient does not fulfill the Podiatry Service criteria with health education and advice.

**Please ensure that all sections of the referral form are completed as the referral form will be returned as insufficient or illegible information may result in an inability to correctly triage the referral and may delay treatment.**

Surname: .....

Forename: .....

Title: Mr / Mrs / Miss/ Ms .....

NHS Number (if known): \_ \_ \_ / \_ \_ \_ / \_ \_ \_ \_

Address: .....

.....

Postcode: .....

Home Telephone Number: .....

Mobile Telephone Number: .....

Work Telephone Number: .....

Date of Birth: \_ \_ / \_ \_ / \_ \_ \_ \_

Gender: Male / Female / Prefer not to Say .....

GP Name and Address: .....

.....

Name of Referrer: .....

Status of Referrer: .....

Contact Telephone Number for Referrer (if different from above): .....

Contact Address for Referrer (if different from above): .....

.....

Is patient under 16 years? Yes / No

If 'Yes' – Parent / Guardian Details - Name and Address: .....

.....

Medical History: .....

.....

Medication: .....

.....

Allergies: .....

.....

Reason for Referral: .....

.....

Have you been under ELHT Podiatry Service before? YES / NO

Who currently provides foot care for you? .....

Previous Treatment for Condition: .....

.....

Interpreter Required: YES / NO                      Language Spoken: .....

Are you mobile? YES / NO

**HOUSEBOUND PATIENTS - REFERRED BY REGISTERED HEALTHCARE PROFESSIONALS ONLY**

Please note that domiciliary visits are for housebound patients only and patients must attend clinic if they can get out with alternative transport such as car, taxi and ambulance transport.

**Definition of housebound:**

Patients eligible for a home visit by the Podiatry Service are those who are one or more of the following:

- Persons who are completely bedbound
- Persons who require hoisting in order to be moved or to travel
- Persons deemed on a temporary basis to be clinically too ill to be reasonably expected to travel – there would be the expectation that once mobile they would be required to attend clinic



**East Lancashire Hospitals**

**NHS Trust**

A University Teaching Trust

If requiring a home visit please state reason: .....

.....

.....

To the best of my knowledge this information is correct and I give permission for the Podiatrist to contact GP and to check any medical records available.

Signature of Referrer: .....

Printed Signature of Referrer: .....

Date of Referral: .....

**PLEASE NOTE - FAILURE TO ATTEND YOUR FIRST APPOINTMENT WILL MEAN THAT  
YOU WILL BE DISCHARGED FROM THE SERVICE AND YOUR GP NOTIFIED**

We would be grateful if you could complete this questionnaire below and return with your completed referral form.

This information is required for us to fully understand the diversity of our patient group so that we can make improvements to our services. All information will be treated in strictest confidence.

Thank you very much for taking the time to complete this questionnaire.

Name: .....

Address: .....

NHS Number (if known) \_ \_ \_ / \_ \_ \_ / \_ \_ \_ \_

**Ethnicity of Patient:**

White British	<input type="checkbox"/>	Asian or Asian British Pakistani	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Asian or Asian British Bangladeshi	<input type="checkbox"/>
Other White Background	<input type="checkbox"/>	Other Asian Background	<input type="checkbox"/>
White & Black Caribbean	<input type="checkbox"/>	Black or Black British Caribbean	<input type="checkbox"/>
White & Black African	<input type="checkbox"/>	Black or Black British African	<input type="checkbox"/>
White & Asian	<input type="checkbox"/>	Other Black Background	<input type="checkbox"/>
Other Mixed Background	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Asian or Asian British Indian	<input type="checkbox"/>	Any Other Ethnic Group	<input type="checkbox"/>

**Do you consider yourself to have a disability?** No  Yes

If yes, is this:

Visual Impairment	<input type="checkbox"/>	Hearing Impairment	<input type="checkbox"/>
Mobility / Physical Disability	<input type="checkbox"/>	Learning Disability	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>		

Are you a United Kingdom (UK), European Community (EC) or European Economic Area (EEA) National?  
 Yes  No

**For Office Use Only:**

Input By..... Date \_ \_ / \_ \_ / \_ \_ \_ \_ EMIS

All information provided will be treated in strictest confidence. Everyone working in the NHS has a legal duty to keep information about you confidential. We ask you for this voluntary information about yourself so that you can receive proper care and treatment. We keep this information, together with details of your care, because it may be needed if we see you again.

## Appendix 1

### Locality Hub Addresses for Referrals

#### 1. Burnley Locality

PODIATRY ADMINISTRATOR,  
ST PETER'S PRIMARY HEALTH CARE CENTRE,  
CHURCH STREET, BURNLEY BB11 2DL  
TELEPHONE 01282 805921  
EMAIL [burnleypodiatry.elht@nhs.net](mailto:burnleypodiatry.elht@nhs.net)

#### 2. Hyndburn Locality

PODIATRY ADMINISTRATOR,  
ACCRINGTON PALS PRIMARY HEALTH CARE CENTRE,  
1 PARADISE STREET, ACCRINGTON, BB5 2EJ  
TELEPHONE 01254 736072 OR 736073  
EMAIL [hyndburnpodiatry.elht@nhs.net](mailto:hyndburnpodiatry.elht@nhs.net)

#### 3. Pendle Locality

PODIATRY ADMINISTRATOR,  
YARNSPINNERS PRIMARY HEALTH CARE CENTRE,  
CARR ROAD, NELSON, BB9 7SR  
TELEPHONE 01282 805811 / 805810  
EMAIL [pendlepodiatry.elht@nhs.net](mailto:pendlepodiatry.elht@nhs.net)

#### 4. Ribble Valley Locality

PODIATRY ADMINISTRATOR,  
CLITHEROE COMMUNITY HOSPITAL,  
CHATBURN ROAD, CLITHEROE, BB7 4JX  
TELEPHONE 01200 449007  
EMAIL [ribblevalleypodiatry.elht@nhs.net](mailto:ribblevalleypodiatry.elht@nhs.net)

#### 5. Rossendale Locality

PODIATRY ADMINISTRATOR,  
BACUP PRIMARY HEALTH CARE CENTRE,  
IRWELL MILL, ROCHDALE ROAD, BACUP, OL13 9NR  
TELEPHONE 01706 235333  
EMAIL [rossendalepodiatry.elht@nhs.net](mailto:rossendalepodiatry.elht@nhs.net)