Bristol Community Health

NHS

Podiatry Clinic Referral Form V6 July 2014

Please return your completed form to: **Podiatry Department, Knowle Clinic, Broadfield Road, Knowle, BS4 2UH Tel: 0117 919 0275 Fax: 0117 9 190 259**

Please complete all the sections of this form. If we require more information to process your application we may return this form to you. Please make sure that you provide a day time contact telephone number.

WE DO NOT PROVIDE A TOE NAIL CUTTING SERVICE.
All treatment will be based on medical & podiatric need.

PATIENT DETAILS

Title **Forename** **D.O.B** **Male/Female**

Surname **Tel no home**

Address **Tel no work**

Mobile

If you do not wish to receive a txt reminder of your Appointment please tick this box.

Post code

E mail

NHS No

Interpreter Required Yes **No**

Language Spoken

NEXT OF KIN

Title **Forename**

Surname

Address

Relationship

Telephone no

GP DETAILS

Doctor

Practice Address

Telephone no

PLEASE TURN OVER TO COMPLETE REVERSE OF FORM

Patients Name: …… ……. NHS: ……..

Do you have an open wound on your foot? (Delete as appropriate) **YES / NO**

If **YES** please give details:

If **NO** Please tell us as much about your thoughts on your foot problem as you can:

My main foot or nail problem is:

Medical History - Please list or attach print out from GP Surgery:

Allergies:

Medication - Please attach a prescription or provide a list of all medications (include any that you may self prescribe):

Additional Information: Please complete as much as possible:			
Diabetes	Yes / No	*Last HBA1c:*	
Last foot screen result	Low / Increased / High / Ulcerated		
Neuropathy	Yes / No	Peripheral arterial disease	Yes / No
Is the patient receiving treatment at any hospital? – please provide details	Yes / No		

Completed by: Podiatrist ☐ GP ☐ Nurse ☐ AHP ☐ Guardian ☐ Self ☐

Signed **Contact Tel no**: **Dated**

Name Printed

Office Use only:

Date received Triaged by & date

Priority status Urgent ☐ Routine . ☐ Diabetic ☐