# Self-Referral Form Only: Community Foot Health (Podiatry)

Our service has eligibility criteria (see below and our website) but is available to patients with a Tower Hamlets residency.

We accept self-referrals (this form only) as well as SPA referrals from GPs/Healthcare Professionals (separate form).

You can either complete this form yourself or on behalf of the patient. If you need assistance to complete this form please contact us by email or telephone and our admin team will support you.

Top five **not** accepted foot health referrals:

1. Diabetics with painful peripheral neuropathy or burning sensation to feet **please consult your GP for prescription and advice. website** [**https://www.elft.nhs.uk/services/foot-health-tower-hamlets**](https://www.elft.nhs.uk/services/foot-health-tower-hamlets) **or a Physiotherapy referral.**

2. Anyone with verruca, corn, callous or fungal nail infection / athlete’s foot, psoriasis who have no medical need. **This would require non-NHS Podiatry Care – see website** [**https://www.elft.nhs.uk/services/foot-health-tower-hamlets**](https://www.elft.nhs.uk/services/foot-health-tower-hamlets)

3. People with Rheumatoid disease affecting their feet requiring musculoskeletal assessment or anyone requiring insole therapy. **This would require non-NHS Podiatry Care – see website** [**https://www.elft.nhs.uk/services/foot-health-tower-hamlets**](https://www.elft.nhs.uk/services/foot-health-tower-hamlets)

4. People with plantar fasciitis, heel pain, heel spur, digital (toe) deformities or bunion deformities. **This would require non-NHS Podiatry Care – see website** [**https://www.elft.nhs.uk/services/foot-health-tower-hamlets**](https://www.elft.nhs.uk/services/foot-health-tower-hamlets)

5. Anyone requiring an internal or external heel raise for a leg length discrepancy. **This would require non-NHS Podiatry Care – see website** [**https://www.elft.nhs.uk/services/foot-health-tower-hamlets**](https://www.elft.nhs.uk/services/foot-health-tower-hamlets)

**Low risk foot issues will not qualify for care:**

Routine nail care; annual diabetic reviews; foot deformities unless congenital (issue from birth); corns; verruca; bunions; digital deformities; sports injuries; rheumatoid & osteoarthritis with no wound issues; psoriasis; fungal skin or nail issues; heel spurs or pain; plantar fasciitis; fractures & sprains or strains.

**Patient details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title |  | First name |  | Last name |  |
| Date of birth |  | NHS Number (if known) |  |
| Gender  |  | Ethnicity  |  |
| Address (including Post Code) |  |
| Main contact tel number |  | Email address |  |
| Interpreter required? |  | If yes, which language? |  |
| Bedbound? (Referral must come from GP) |  | How did you get this form?  |  |

**Patient’s General Practitioner**

|  |  |
| --- | --- |
| GP details | Dr  |
| Practice name and address |  |

|  |
| --- |
| **Referral Reason / Foot Problem** – please include as much detail as possible such as duration of symptoms and any treatment received to date |
|  |
| **General Health** – please list any medical conditions / surgical procedures |
|  |
| **Medical Issues affecting feet**  – please tick below  |
| **Diabetes** – Nerve damage/numbness |  | **Circulation Issues affecting the feet** i.e Diagnosed vascular or arterial disease |  | **Active or Previous Foot Wounds/Ulcerations** (See Emergency Clinic advice) |  |
| **Congenital Foot deformities** (issues from birth) that will not fit in retail shoes.  |  | **Ingrowing toe nail** (See Emergency Clinic advice) |  | **Diagnosed significant Mental Health Issues or Diagnosed Learning Disabilities**  |  |
| **Please expand as required** |  |
|  |  |
| **Known Allergies** |
|  |
| **Date Referral Form Completed** |
|  |

**Referrer details (if completing on behalf of the patient)**

|  |  |
| --- | --- |
| Name |  |
| Address/Organisation |  |
| Contact number |  |

**Returning your form:**

# Please email your completed form to: Elft.thchsfoothealth@nhs.net

# If sending electronically by email, please attach photos where appropriate of your current foot issue.

# For paper copies please send a scan/clear photo of each page to the email address above

# You can also deliver your completed form in person to Mile End Foot Health Service.

# Alternatively, you can post your completed form to:

# Foot Health Service, 2nd Floor, Yellow Zone, Grove Building, Mile End Hospital, Bancroft Road, London E1 4DG

# Please note that incomplete or illegible forms will be returned/rejected

**If your foot problem is urgent, please do not return this form. Instead please attend our Emergency clinic (please see details below).**

**Emergency Clinic**

In order to be accepted you must arrive promptly at 08:30am with your NHS number, this clinic can become busy so please be prepared to wait for triage and assessment.

We triage all emergency patients and see the most urgent first. This is not first come first serve.

On busy days you may be triaged and informed to come back another day, depending on the clinic capacity.

**Please note that non-urgent foot problems will be refused treatment**

**FOOT HEALTH SERVICE**

**EMERGENCY CLINIC**

 **ONLY** EMERGENCY FOOT ISSUES WILL BE SEEN FOR TREATMENT

Monday to Friday – **8.30am prompt** (Excluding Bank Holidays)

Walk-in clinic for **Tower Hamlets residents only.**

No appointment necessary.

**This clinic will see patients with the following emergency conditions only:**

* Blisters or infected sores
* Discharging wounds - blood or pus
* Swollen / inflamed areas, painful ingrowing nail

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If you have any general queries or would like to speak to someone you can call us on **Tel: 020 7771 5775**

Alternatively, for more details on our service or to download a copy of this form please visit our website:

**https://www.elft.nhs.uk/services/foot-health-tower-hamlets**

Form last updated: Sept 2023