

Date received:

Foot Health Service  
Community Health Newham Directorate  
East London NHS Foundation Trust  
Clinical Education Building  
1 Ferns Road, Stratford  
London E15 4JE  
Tel: 020 8496 9007

## FOOT HEALTH SERVICE REFERRAL FORM

[foothealthserviceelft@nhs.net](mailto:foothealthserviceelft@nhs.net)

(GPs referring patients with diabetes to use the Diabetes Services referral form)

Patient details		GP details				
Title		Name				
Surname						
First name		Address				
NHS number						
Date of birth						
Address (or ward if inpatient)						
		Telephone number				
		Fax number				
Telephone number(s)						
Ethnicity						
Language		Interpreter required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Reason for Referral (tick appropriate and provide further details in space provided)						
Ulceration/Infection (see urgent referral info)	<input type="checkbox"/>					
Foot Care/Advice	<input type="checkbox"/>					
Nail Surgery Assessment	<input type="checkbox"/>					
Musculoskeletal condition	<input type="checkbox"/>					
<p><b>Urgent referrals – please email immediately to <a href="mailto:foothealthserviceelft@nhs.net">foothealthserviceelft@nhs.net</a></b>  <b>Phone 0208 4969007 to speak with duty podiatrist if advice required</b></p>						
<p><b>Eligibility criteria</b>            Referrals for patients classified as low risk of developing foot complications including those for simple nail care and verrucae, may not be eligible for podiatric care and may be discharged from the service (according to service access criteria).</p>						

<b>Medical History</b> (or attach record)			
<b>Medications</b> (or attach record)			
<b>Patient's Mobility</b> (tick appropriate)		<b>Patient's Usual Mode of Transport</b>	
Independent	<input type="checkbox"/>	Independent	<input type="checkbox"/>
Wheelchair	<input type="checkbox"/>	ComCab/Dial-A-Ride	<input type="checkbox"/>
Bedbound	<input type="checkbox"/>	Hospital transport	<input type="checkbox"/>
	<input type="checkbox"/>	Travels with escort?	<input type="checkbox"/>
<b>Any other relevant information:</b>			
<b>Referrer details</b>			
Name (sign and print)			
Designation			
Telephone number			
Date			

<b>Is patient aware of referral?</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Email completed forms to [foothealthserviceelft@nhs.net](mailto:foothealthserviceelft@nhs.net)  
 Self-referrals can be emailed, delivered by hand or posted to the service on the above address.

*Please be aware that incomplete forms will be returned to the referrer.*