

**Manchester City-Wide
Podiatry Referral Form South Team**

Please complete all sections of this referral, incomplete referrals will be rejected.

The Manchester Podiatry Service provides podiatry care for patients with serious and complex clinical conditions of their feet. This includes patients with foot ulcers which can result in severe complications if not treated; the care of these patients is prioritised. We do not accept referrals for toenail cutting and simple foot care if your medical conditions do not put your feet at risk of ulceration.

Title		NHS Number		Date of Birth	
Forename			Surname		
Address					
Post Code					
Telephone(s)			Email		
Name of GP					
GP Practice					
Is an interpreter required?	Yes / No	Language required			
Is a British Sign Language interpreter required? Yes / No					
Do you have any support requirements? If so, please let us know.					
Home visits are for people who are totally housebound (only able to go out by ambulance), otherwise you will be referred to the nearest appropriate clinic. Please tick if you are requesting a home visit.					

Reason for Referral Please tick all that apply from the list below			
<u>Please include a photograph of your foot problem and attach file to referral:</u>			
Foot Ulcer / Wound Infected: Yes / No	Thickened / Deformed / Involuted / Fungal Toenail(s) Ingrowing Toenail(s) Infected: Yes / No	Foot Pain / Biomechanical Foot Problem (Please state if you have had insoles before)	
Active Charcot	Hard Skin (Callus / Corn) Painful / not painful	Significant Foot Deformity	
Further information - Provide details below			

NHS number:			
Medical History Please tick all that apply from the list below			
Chronic Kidney Disease Stage 3 / 4 / 5	<input type="checkbox"/>	Immunocompromised Immunosuppressant medication: Chemotherapy, Radiotherapy, DMARDs	<input type="checkbox"/>
Diabetes Last Foot Screen Result: Low / Increased / High / Ulcerated	<input type="checkbox"/>	Connective Tissue Disorder e.g., Scleroderma, Systemic Lupus Erythematosus	<input type="checkbox"/>
Peripheral Arterial Disease (PAD)	<input type="checkbox"/>	Rheumatoid Arthritis (Not Osteoarthritis)	<input type="checkbox"/>
Peripheral neuropathy (Loss of feeling in feet)	<input type="checkbox"/>	History of Charcot, foot or lower limb amputation	<input type="checkbox"/>
Rockwood frailty score 5+	<input type="checkbox"/>	Debilitating neurological condition	<input type="checkbox"/>
Anticoagulant therapy State:			<input type="checkbox"/>
Any other medical conditions		Medication	
Are you under a Consultant / Hospital Department for any medical conditions?			Yes No
If yes, please provide details			
Applicant Signature			Date
Name of Referrer			Designation
Referrer Contact Details			
Special Appointment Notes / Requests access codes for home visit, social worker contact details, district nurses contact			

Please return completed e-referral including photograph to: - mft.spa-uhsmanhs.net
Enquires please contact Podiatry (South Team), Northenden Health Centre, 489 Palatine Road,
Manchester M22 4DH. 0161 529 6153 or email to podiatry.southmanchesterLCO@mft.nhs.uk