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| **Community Podiatry Self-Referral Form**  ALL FIELDS ARE MANDATORY | | | | | | | | | | | |
| **Inclusion Criteria – Please only get in touch if one of the following applies:** | | | | | | | | | | | |
| Ingrowing Toenail (For Nail Surgery) | | Musculoskeletal | | | Foot Ulcers | | | | End of Life Care | | |
| Your medical history and list of medication will be obtained from your GP and your referral will be triaged. Dependent on this information, you will either be accepted into the service or rejected. | | | | | | | | | | | |
| Do you consent to sharing of your patient records with us for the purpose of this referral? | | | | |  | | | | | | |
| **Completing this Form** | | | | | | | | | | | |
| Please complete this form as fully as possible. Missing information will result in a delay to the processing of your self-referral. | | | | | | | | | | | |
| Please email completed forms to: [dgft.podiatry.office@nhs.net](mailto:dgft.podiatry.office@nhs.net) | | | Alternatively, you can post the completed form to:  Self-Referrals, Podiatry, Brierley Hill Health and Social Care Centre, Venture Way, Brierley Hill, West Midlands, DY5 1RU | | | | | | | | |
| If you need assistance completing the form, please call: 01384 321437 | | | | | | | | | | | |
| **Patient Details** | | | | | | | | | | | |
| **Patient Name** | | |  | | **NHS number** | | |  | | | |
| **Preferred Name** | | |  | | **Gender** | | |  | | | |
| **Date of Birth** | | |  | | **Ethnicity** | | |  | | | |
| **Patient Address** | | |  | | **Main Contact Number** | | |  | | | |
| **Alternative Contact Number** | | |  | | | |
| **Communication Needs** | | |  | | | |
| **Postcode** | | |  | | **Interpreter Required?** | | |  | | | |
| **Any Dementia or Capacity Issues?** | | |  | | **Do you have a DNACPR in place?** | | |  | | | |
| **GP Details** | | | | | | | | | | | |
| **GP Name & Address** | | |  | | **GP Contact Number** | | |  | | | |
| **Reason for Referral** | | | | | | | | | | | |
| Give a brief description of your problem including:  *How it started?**Area of pain? Any previous treatments? How long have you had this problem?* | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **\*\*PODIATRY DEPARTMENT USE ONLY\*\*** | | | | | **Date Referral Received:** | | | |  | | |
| **Referral Status:** | **Accepted** | | **Rejected** | **Further Information Required:** | | **Diabetic foot risk status** | **Podiatry need** | | | **HbA1c medication** | **Ethnicity** |
| **Triaged Criteria:** | **3 Day Urgent** | | **HP 2-4 Weeks** | **Routine 8 Weeks** | | **Triaged By:** |  | | | **Date:** |  |
| **Caseload:** | **Clinic** | | **Dom** | **Nail Surgery** | | **MSK** | **Podiatric Surgery** | | | | |

**Patients who are excluded can contact the following services:**

**Age UK Birmingham & the Black Country- Dudley Stepping Out**

07702 568 857 (Direct)

0121 437 0033 (General)

0121 437 0479 (Information & Advice)

info@ageukbbc.org.uk www.ageukbbc.org.uk

**Birmingham Nail Care Service**

www.bhamnailcare.co.uk

Covering: Cradley health, Halesowen, Quinton, Coseley, Sedgley and Stourbridge.

**Private Podiatry /Chiropody**

Click on Feet for Life web site [www.feetforlife.org](http://www.feetforlife.org/) where you will be able to search for your nearest Private Podiatrist. To check if the Podiatrist you have chosen is registered with the Health Professions Council please search on [www.hpc-uk.org](http://www.hpc-uk.org)