

Please send form to: Podiatry Admin
Care Co-ordination centre
Peasedown St John
BA2 8SG
Email - Bathnesccc.referrals@nhs.net

PODIATRY REFERRAL FORM

As per our exclusion criteria we do NOT provide

- nail cutting – without a medical foot risk
- treat verruca's
- treatment for fungal nails

Referrer Details			
Referring Name		Telephone No.	
GP Surgery		Email Address	
GP Name		Date of Referral	
ODS Code		Time of Referral	
Relationship to Patient			

Patient Details			
Title		Ethnicity	
Forename		Gender (M/F)	
Surname		Date of Birth	
Address		First Language	
Postcode		Communication needs	
Mobile No.		Latest BMI	
Home No.		Latest BP	
NHS No.		Latest weight	
Pregnant? Y/N		Latest height	
Smoker? Y/N		Cigarettes per day	
Access info		Cautions	

HOUSEBOUND? we only accept referrals for housebound patients from medical professionals

YES / NO

<Patient Name> <Date of Birth> <NHS number>

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**REASON FOR REFFERAL – please give a brief explanation of the problem you are requesting podiatry for.
PLEASE CONSIDER ADDING A PHOTOGRAPH**

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Duration of problem – How long have you had this problem

Less than 1 week	
Less than 1 month	
Less than 3 months	
Less than 6 months	
Less than 12 months	

MEDICAL CONDITIONS	
Diabetes - Type 1	
Diabetes - Type 2	
Vascular disease /blood vessel disease	
Anticoagulants drugs (blood thinning)	
Neurological disorders e.g. Parkinson's, MS	
Long term steroid use	
Recent falls or balance problems	
Kidney Disease	
BMI if 30 or above	
Blood disorders e.g. leukaemia, anaemia	
Rheumatoid Disease	
Connective tissue disorders e.g. Scleroderma, hyper mobility	
Fractures or sprains	
Hospital Admissions in the last 18 months	
Any mental health problems	

<Patient Name> <Date of Birth> <NHS number>

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Patient Medical History

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Medication

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Allergies

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For information only.

Virgincare B&NES Podiatry can provide

- Wound care
- Musculoskeletal (MSK) podiatry – including assessment diagnosis exercises and orthotics
- Nail surgery
- General Podiatry treatment

Advice

Please do not refer for MSK if the patient has been referred to the orthotist at the RUH or has previously had orthotics from the RUH

Please advise simple foot/ calf stretches for MSK problems

Home visit patient need to be totally housebound

LOW RISK NAIL CARE is not provided, and patients should be advised to find other arrangements

<Patient Name> <Date of Birth> <NHS number>

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