**PLEASE READ THE FOLLOWING CAREFULLY BEFORE COMPLETING THE ENCLOSED REFERRAL FORM.**

Northumbria NHS Podiatry Service is a highly specialist clinical service which provides podiatric care for patients with significant foot complications.

The Service is available to vulnerable High-Risk patients requiring specialist podiatric care. Individuals are assessed as high risk if their medical history or medication may put them at risk of developing potentially serious foot problems such as ulcerations, infections or amputations.

The Service is therefore accessible to patients requiring an assessment relating to disorders and disease of the feet. The Department also provides a service for Podiatric Musculoskeletal conditions, wound management and treatment for patients at a heightened risk of tissue breakdown or damage.

**The Podiatry Service is unable to accept the following referrals:**

* simple toe nail cutting
* verrucae
* minor fungal nail and skin infections
* foot deformities with no pain and/or minimal risk of wounds or infection
* non-painful corns and callous
* patients who have diabetes

**Completion of the Referral Form**

* Please complete the referral form in full and return to the address on the form
* The referral form will be returned in cases where insufficient information is provided
* It is important that the patient or their carer inform the Podiatry Service if they no longer require the appointment or are unable to attend, as we can offer the appointment to another patient

 **Referral Form Review**

* On receipt of your referral form a Podiatrist will triage your referral form based on the information you have provided

**Referral Outcomes**

Telephone Appointment

* Patients will receive a letter with the date and time of their telephone appointment

New Patient Assessment Clinic Appointment

* Accepted patients will receive a letter confirming that they have been placed on a waiting list
* Patients requiring urgent care will be prioritised and contacted

Home Visits

* Home visits are offered only to patients who are totally housebound, or patients who have recently had an operation requiring short term care at home
* Accepted patients will receive a letter confirming that they have been placed on a waiting list

**What to expect at your New Patient Assessment Appointment**

* A lower limb medical assessment and guidance
* Some patients may only require one appointment and discharge
* Alternatively; a treatment plan will be developed for those patients requiring an episode of care or ongoing care and review
* All patients will be directed to self-management videos and advice on the Podiatry website, along with health education leaflets and self-care guidance

**If You Do Not Meet the Referral Criteria**

If you are assessed as being low risk and do not have any specific podiatric problem you will be offered advice on how to manage your feet. We will write to you with self-care information and how to access this.

You can also access information on common foot disorders and guidance on the following websites: [Health A to Z - NHS](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwjjwKTf28r4AhWZiFwKHT1jCqUQFnoECAoQAQ&url=https%3A%2F%2Fwww.nhs.uk%2Fconditions%2F&usg=AOvVaw3Fpa1sMhv1Xi-IsnApPXt3) [Health A to Z - NHS (www.nhs.uk)](https://www.nhs.uk/conditions/)

<https://rcpod.org.uk/patient-information>

<https://legsmatter.org/>

Private Podiatrists can be found in the Yellow Pages under ‘podiatrists’ or by searching on:

<https://rcpod.org.uk/find-a-podiatrist#FIND.PODIATRIST>

**How Do I Know My Private Podiatrist Is Qualified?**

Podiatrists and Chiropodists must be registered with the Health and Care Professions Council (HCPC)

The HCPC regulates Podiatrists and Chiropodists in the UK and was set up to protect the public. The HCPC only register those professionals who meet their high standards of training, professional skills and behaviour.

You can check that your podiatrist is HCPC registered by visiting <https://www.hcpc-uk.org> and use ‘check the register’.

**What Happens If My Feet Get Worse or I Develop a New Problem?**

If things change, either with your general health, or your foot problem comes back or gets worse, then you can re-apply by contacting your GP or by completing a Self-referral Form.

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* **Patient with Diabetes please contact your GP for referral to the Diabetes Podiatry Service**
* **MSK Podiatry patients please contact your GP for completion of a NTIMS electronic referral**
* All other patients please complete this form in full
* Incomplete forms will be returned
* Please note we do not offer a nail cutting service
* All referrals are assessed and prioritised on medical need

|  |  |
| --- | --- |
| Date of Application  | / / |

Person completing the form (tick appropriate box)

|  |  |  |
| --- | --- | --- |
|  Self |  Parent / Legal Guardian |  Relative  |
|  Carer  |  General Practitioner  | Other please specify: |

Patients Details

|  |  |  |  |
| --- | --- | --- | --- |
| Title Mr/Mrs/Miss | First Name | Last Name  | Date of Birth  |
|  |  |  |  / /  |
| NHS Number  |  |
| Address |  |
|  | Post Code |
| Home phone number |  | Mobile phone number |  |
| Email address |  |
| Next of Kin |  | Relationship  |  | Telephone |  |
| Interpreter required  |  YES NO | Language required  |  |

If the patient is in hospital please complete the following question:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Hospital  |  | Ward  |  | Hospital Discharge date  |  / / |

General Practitioners Details

|  |  |
| --- | --- |
| Address |  |
|  | Post Code: |  |
| Telephone number |  |

Medical History and any known Allergies (please list)

|  |
| --- |
|  |

Current Medication (please itemise)

|  |
| --- |
|  |

Reason for podiatry application and duration of problem please explain in full

|  |
| --- |
|  |

Authorisation to share your Health Care Record (please tick your preference)

|  |  |
| --- | --- |
| I agree with my health care record being shared with services involved in my care  |  |
| I disagree with my health care records being shared with services involved in my care  |  |

**Mobility Assessment**

We are only able to offer home visits to patients who are totally housebound and unable to leave their home. Please answer the following:

|  |  |  |
| --- | --- | --- |
| Are you totally housebound? | Yes | No |
| Are you bedbound? | Yes  | No |
| Ae you only able to leave the house by hospital transport? | Yes | No |
| Are you able to attend other health appointments, such as GP or dental? | Yes | No |
| Do you require wheelchair access availability if attending a clinic?  | Yes | No |
| If temporarily housebound due to a recent operation or illness please explain  |  |

Signed: Dated:

|  |
| --- |
| Please complete this Podiatry Referral Form in full. Incomplete forms will be returned and may delay treatment. Please return all completed forms with a photograph (if possible) of your foot problem to the address below:North Tyneside Podiatry Department Victoria Therapy Centre Hawkeys LaneNorth ShieldsTyne & Wear NE29 0SFTel: 0191 2828080 (Mon-Fri 0900-1130 & 1330-1530)Alternatively, email to: Podiatry.NorthTyneside@northumbria-healthcare.nhs.uk |