

## PODIATRY REFERRAL FORM

<b>Patient Details</b>			
<b>Surname:</b>			
<b>First Name:</b>		<b>DOB:</b>	/ /
<b>Address:</b>			
<b>Postcode:</b>			
<b>E-mail:</b>			
<b>Telephone:</b>		<b>Mobile:</b>	

<b>GP Details</b>			
<b>Name:</b>			
<b>Practice Address:</b>			
<b>Telephone:</b>		<b>E-mail:</b>	

**The podiatry service does not provide nail cutting.** If you require a nail cutting service, please contact Simply Nails on **01597 825908** or visit [www.ageuk.org.uk/cymru/powys/our-services/footcare](http://www.ageuk.org.uk/cymru/powys/our-services/footcare) or a private practitioner.

**Incomplete forms will be returned.**

<b>Specific Problem:</b>
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**Please note, some appointments may be digital and not face to face.**

**A very limited service is available to patients who are housebound\*.**

**\* Definition of housebound Patients eligible for a home visit by the podiatry service are those who are one or more of the following:**

- Persons who are completely bedbound.
- Persons who require hoisting in order to be moved or to travel and would become ill if required to travel to a clinic.
- Persons deemed on a temporary basis to be clinically too ill to be reasonably expected to travel.

**HEALTH CONCERNS (Please tick all relevant boxes)**

None	Foot wound/ulcer	Impaired Immunity	Heart Disease
Diabetes	Mental illness	Rheumatoid Arthritis	Amputation
Kidney Disease	Neuropathy	History of Cellulitis	COPD
Palliative Care	Osteoarthritis	Intermittent Claudication	Angina
Retinopathy	Lymphoedema	Neurological Disorder	

**FOOT PROBLEMS (Please tick all relevant boxes)**

<b>Skin</b>	Normal	Fungal	Corn/callus	Sepsis	Wound/ulcer
<b>Nails</b>	Normal	Fungal	Thickened	Curved	Ingrowing
<b>Pain</b>	None	Slight	Moderate	Severe	Extreme
<b>Deformity</b>	None	Mild	Moderate	Severe	Extreme

**Other reason for referral (e.g. insoles / gait analysis HCP referral only) –**

**Referrer:.....Title: ..... Signature: .....**

**Address: ..... Date: .....**

**Interpreter required / Language: .....**

Please email or print and post the completed referral form to:-

Podiatry Appointments,  
 Montgomery County Infirmary, Llanfair Road, Newtown, Powys, SY16 2DW

Tel: 0845 840 1234 / 01686 613200 Fax: 01686 617238

E-Mail: [contactcentre@wales.nhs.uk](mailto:contactcentre@wales.nhs.uk)