

NHS Tayside Podiatry Assessment – Self Referral Form

Please complete ALL sections of this form by filling in the boxes and answering all of the questions.
INCOMPLETE REFERRAL FORMS WILL BE RETURNED.

| Personal Information | |
|---|----------------------------|
| Title..... | Forename..... Surname..... |
| Date of Birth..... | |
| Address..... | |
| | |
| Postcode..... | |
| Tel no (including STD code)..... Mobile no..... | |
| GP..... GP Practice..... | |
| Emergency contact or carer contact. | |
| Name..... Tel no..... | |
| Address..... | |
| Do you have a carer to help with your daily needs? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Do you require a translator/interpreter Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| If YES Language..... | |

| | Reason for Referral – complete relevant boxes below | Yes | No |
|---|---|--------------------------|--------------------------|
| 1 | A skin complaint? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | A nail complaint? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | A foot deformity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | Muscle or joint pain in the foot? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | Do you wish surgical removal of a toenail? | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|---|--|--|--|
| | | | |
| 6 | Is your foot condition discharging or weeping? | | |
| 7 | Are you currently taking antibiotics for the foot condition that you are contacting the Podiatry Service about? If the answer is YES, for how long?weeks. | | |

| Medical Information and Medication | |
|------------------------------------|---|
| 1 | <p>Do you have Diabetes? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If YES, please tick the box that represents your foot risk score. Low Risk <input type="checkbox"/> Moderate Risk <input type="checkbox"/> High Risk <input type="checkbox"/> High Risk in remission <input type="checkbox"/></p> <p>Active Foot Disease <input type="checkbox"/></p> <p>If you are unsure of this, your GP surgery will be able to confirm your score.</p> |
| 2 | <p>Please list any other medical conditions that you are currently being treated for or have been treated for in the past.</p> |
| 3 | <p>Please list all prescribed medication that you are currently taking.(or attach list)</p> |
| 4 | <p>Please give a description of your foot problem and/or reason for requesting assistance. Please note Podiatry is not a personal nail cutting service</p> |

Applicant signature..... Date.....

Please note that self-referrals will only be accepted if the person requesting assistance has the capacity to self refer, or is being made on behalf of a child. In all other circumstances, a separate referral must be made by a healthcare professional.

WHO IS ELIGIBLE FOR NHS TAYSIDE PODIATRY?

People with a foot related problem and who meet any of the following criteria:

- Rheumatology/Connective Tissue Disease
- Severe Peripheral Arterial Disease.
- Diabetes Mellitus with a Moderate/High Risk foot score.
- History of foot ulceration.
- Chronic Degenerative Neurological Disease - for example Multiple Sclerosis. Parkinsonism, Motor Neurone Disease.
- Children (pre- school to secondary).
- Anyone who requires Nail Surgery, for example removal of a toenail.
- Musculo-skeletal problems eg plantar fasciitis.

Podiatry does not provide a Personal Nail Cutting Service

Please send completed forms to:

Podiatry Department, Westgate Health Centre. Charleston Drive, Dundee DD2 4AD

Podiatry Department, Whitehills Community Care Centre, Forfar DD8 3DY

Podiatry Department, PRI, Taymount Terrace, Perth PH1 1NX

Email - tay.taysidepodiatry@nhs.scot – please email any relevant photographs, including name and date of birth, for the attention of Angus Podiatry