

Criteria for Referral for Podiatry Assessment/Treatment

Do you meet the criteria for receiving Podiatry treatment?

Category 1	Category 2	Category 3	Category 4
Foot(Podiatric) need	Medical need	Non-eligible conditions	Musculoskeletal Foot Problems
<ul style="list-style-type: none"> *Ulceration/ non-healing foot wounds *Foot infection which has required antibiotic treatment (excluding fungal nails) *In-growing toenail with inflammation/infection *Painful corns *Painful, large area of callus 	<ul style="list-style-type: none"> *Neuropathy (loss of feeling in the lower limb due to a medical condition such as diabetes) *Peripheral Arterial Disease (very poor circulation in the lower limb) *Rheumatoid/ inflammatory arthritis *Diabetes (moderate or high foot risk classification) *Foot ulcers (<i>Diabetic foot ulcers refer straight to Diabetic Foot Clinic</i>) *Neurological Disorders e.g. MS *Undergoing Chemotherapy On Dialysis *Non-traumatic foot/leg amputation 	<ul style="list-style-type: none"> *General nail care *Minimal or non-painful callus, corns *Verrucae *Diabetes (low foot risk classification – <i>annual checks should be provided in your GP practice</i>). 	<ul style="list-style-type: none"> *Foot pain from Musculoskeletal foot conditions such as plantar fasciitis (heel pain), severe foot deformities (hammer toe/bunions) that may require surgery – please ask your GP to refer you to MSK Sheffield via the e-RS system

If you meet any of the criteria in **Category 1** or **2** you will be offered a primary assessment appointment after which you may receive either:

Advice (and discharge from podiatry to continue self-care) or a block of treatment to meet your foot health needs. For further follow up treatment, you will be able to transfer to one of our local clinics if needed.

If your condition is within **Category 3** NHS podiatry treatment cannot be provided.

If your condition is within **Category 4** you need a referral from your GP to MSK Sheffield via the e-RS system. All appointments will be allocated dependant on medical and podiatric risk and waiting times for appointments may vary depending on the treatment required.

If you feel you have met the criteria to receive NHS podiatry treatment please continue to complete the podiatry referral form.

Patients that do not meet the criteria for access to NHS podiatry services can view our website <http://www.sth.nhs.uk/services/a-z-of-community-services?id=13> for self-help information leaflets on how to safely manage your own foot care. These are also available on request from our head office. Alternatively, you could seek the services of a **HCPC** registered private podiatrist - look in the Yellow Pages, Thompson Local or on the internet for details.

PODIATRY APPLICATION FORM *(page 1 of 2)*

THIS FORM IS TO BE USED FOR ALL NEW PATIENTS FOR THE COMMUNITY PODIATRY SERVICE INCLUDING NAIL SURGERY (This form cannot be used for referral to Podiatric Surgery or Musculoskeletal foot and ankle conditions, these require a GP referral to MSK Sheffield via the e-RS system).

Failure to complete **ALL** sections will result in the application form being returned and may delay treatment.

Have you had previous treatment from this service? YES/NO

Where.....How long ago?.....

Name: Mr/ Mrs /Miss /Ms Forename.....Surname.....

NHS NoDOB:.....

Address:
.....

Postcode:TelephoneMobile.....

If you provide your mobile number, we will text you about your appointments via text messaging (I do not wish to receive texts please tick this box) (double left click on the box, default value checked, then click ok)

Emergency contact: Name Telephone

GP and Surgery Address:
.....

Please state the foot problem(s) (Please ensure you complete this, as it helps us to triage the referral appropriately, if not the application will be returned for further information)

.....

Medication (List or attach prescription list):

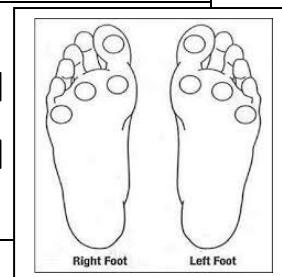
Medical History:

Please mark appropriate boxes

<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Amputation (toes/part of foot/lower limb)
<input type="checkbox"/>	Poor circulation to lower limbs	<input type="checkbox"/>	Foot ulcer (are nursing team involved? YES/NO)
<input type="checkbox"/>	Rheumatoid Arthritis	<input type="checkbox"/>	Other (please state)
<input type="checkbox"/>	On Dialysis		

Please cross the box if **absent**
Pedal Pulses: Right dorsalis pedis
 posterior tibial
Left dorsalis pedis
 posterior tibial

10g monofilament
 1st toe 1st MPJ 3rd MPJ 5th MPJ
 1st toe 1st MPJ 3rd MPJ 5th MPJ



Who currently provides foot care? Please mark as appropriate

Self Relative Carer Private Podiatrist Other please state.....

Please indicate the current level of foot pain where 1 is no pain and 10 is extreme pain_____

MOBILITY ASSESSMENT (page 2 of 2)

Are you fully mobile? **YES** (please go to the box below)

NO (continue below)

Do you require a ground floor appointment due to mobility issues i.e. wheelchairs or unable to use the stairs unaided?

A very limited service is available to patients who are totally housebound*. We may contact your GP for further information regarding this.

I require a home visit assessment because (please tick all that apply):-

I am bedbound and have a key safe the code is

I use a hoist and am unable to travel in a wheelchair taxi

Other please state reason.....

* 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

What is your ethnic origin? **I prefer not to say**
Main language spoken **Preferred language**
Religion..... **Disability**

Please indicate your preference in the box below:

I agree to my health records being shared with other services involved in my medical care
I do not agree to my health records being shared

My preferred clinic is:

Central Health Clinic Darnall Health Centre Hillsborough Clinic
Manor Clinic Woodhouse Clinic
Graves Sports & Health Centre Concord Sports & Health Centre (Shiregreen)

Name.....DATE.....

Or post to: Podiatry Services, Woodhouse Clinic, 3 Skelton Lane, S13 7LY
Tel: 0114 3078200