**PODIATRY REFERRAL**

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| **CARE HOMES** |
| **NAME AND ADDRESS** **OF CARE HOME****Tel. No.** |
| **Patient Details**Male/Female *Please delete as appropriate*CHI No.Mr/Mrs/Miss:First Name:Surname:Known AsDOB: ­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Has patient been assessed by the Care homes Podiatrist in the last 12 months Yes No | **Risk Factors** |
|  | NoYes(If yes please specify below or contact Podiatry Office)Are there any risk factors for staff? |
| **GP Details** |
| Name:Practice:Practice Code: |
| **Medical History (Inc.Allergies)** | **Medication** |
|   |  |
| **Reason for Referral** |
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| Referred by: Signature: Date :N.B. Referrals must be signed by a senior carer |
| Emergency Urgent Non Urgent N.B. Only Neuropathic or Ischaemic Ulceration **will be classed as an emergency referral** Please send referral to: Podiatry Headquarters, Clackmannanshire Community Health Care Centre, Hallpark, Sauchie, FK10 3JQ (T) 01324 567950 email: FV.PDPRO@nhs.scot using subject [secure] referral |
| For Office Use Only |
| Date referral received: Caseload assigned to: |