

PODIATRY REFERRAL FORM

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

GP Details			
Name:			
Practice Address:			
Telephone:		E-mail:	

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 or a private practitioner.

Incomplete forms will be returned.

Specific Problem:	
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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)

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