

MKUH WARD :
Consultant:

PODIATRY INPATIENT
REFERRAL FORM

Email to:

podiatryreferrals@nhs.net

Tel. contact for acute foot conditions 01908 724 766

<p><u>Referrers signature:</u></p> <p><u>Print Name:</u></p> <p><u>Designation:</u></p> <p><u>Date of podiatry referral:</u></p> <p><u>PATIENT DETAILS</u></p> <p>NAME:</p> <p>NHS Number:</p> <p>DOB:</p>	<p><u>Medical reason for referral to podiatry:</u> please tick box and insert details below</p> <ul style="list-style-type: none"><input type="checkbox"/> Foot ulceration<input type="checkbox"/> Foot infection<input type="checkbox"/> Unexplained red, hot, swollen foot with diabetes (suspected Charcot foot)<input type="checkbox"/> Necrosis / gangrene of foot<input type="checkbox"/> Discoloured diabetic foot<input type="checkbox"/> Post-amputation foot wound<input type="checkbox"/> Bacterial infection of ingrowing toenail (not fungal nails)<input type="checkbox"/> Other (Please state): <p><u>Details of above :</u></p>	<p><u>Reason for admission:</u></p> <p><u>Brief Medical History:</u></p> <p><u>Current antibiotic therapy:</u></p> <p><u>Proposed Date of Discharge/Transfer:</u></p>
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