

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?		
2	A nail complaint?		
3	A foot deformity?		
4	Muscle or joint pain in the foot?		
5	Do you wish surgical removal of a toenail?		
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.</p> <p>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.</p> <p>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 e.g. 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