

# LAMBETH COMMUNITY PODIATRY REFERRAL FORM

## PATIENT SELF REFERRAL FORM OR REFERRAL BY HEALTH PROFESSIONAL

DATE OF REFERRAL

...../...../.....  
 MM/DD/YYYY

**Patient Self Referral**

Please complete **Sections 1 - 4** and follow instructions

**Health Professional Referral**

Please complete **ALL Sections** and email to:  
[gst-tr.GSTTSwkFootHealthEnquiries@nhs.net](mailto:gst-tr.GSTTSwkFootHealthEnquiries@nhs.net)

### 1. PATIENT INFORMATION - Please complete in BLOCK CAPITALS

<b>SURNAME:</b>		<b>NHS Number (if known):</b>	
<b>FIRST NAME:</b>		<b>D.O.B. (MM/DD/YYYY)</b>	
<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>First language:</b>	
<b>Address:</b>		<b>Home Telephone:</b>	
<b>Post Code:</b>		<b>Mobile No.:</b>	
<b>Interpreter required?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES		<b>Housebound?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES	
<b>Please state language:</b>		<b>Reason:</b>	
<b>Who is the referrer?</b>		<b>Contact name (if not patient or GP):</b>	
<input type="checkbox"/> Self (Patient) <input type="checkbox"/> GP		<b>Address:</b>	
<input type="checkbox"/> District Nurse <input type="checkbox"/> Other .....		<b>Tel:</b>	
<b>Please indicate your Ethnicity Origin. (Please tick) ✓</b>			
White- British <input type="checkbox"/>	Mixed- White & Black African <input type="checkbox"/>	Asian/Asian British-Pakistani <input type="checkbox"/>	Black or Black British-African <input type="checkbox"/>
White – Irish <input type="checkbox"/>	Mixed- White & Asian <input type="checkbox"/>	Asian/Asian British-Bangladeshi <input type="checkbox"/>	Black or Black British-Other <input type="checkbox"/>
White –Other <input type="checkbox"/>	Mixed- (Other mixed ) <input type="checkbox"/>	Asian/Asian British-(Other) <input type="checkbox"/>	Other Ethnic Group-Chinese <input type="checkbox"/>
Mixed-White& Black Caribbean <input type="checkbox"/>	Asian/Asian British-Indian <input type="checkbox"/>	Black or Black British -Caribbean <input type="checkbox"/>	Other Ethnic Group- <input type="checkbox"/>
I do not wish to disclose my ethnic background <input type="checkbox"/>			

### 2. PRACTICE INFORMATION

<b>GP Name:</b>	<b>GP Code (if known):</b>
<b>Practice Address:</b>	<b>Post Code:</b>
	<b>Telephone number:</b>

### 3. DETAILS OF THE FOOT PROBLEM

Please describe the foot problem: (If urgent please see following urgent clinic details)

Has your GP or nurse asked you to refer yourself for a routine foot check?

NO  YES

Do you have diabetes?

NO  YES

Who looks after your diabetes?

GP  Hospital  Community Team

### 4. INSTRUCTIONS FOR PATIENT SELF- REFERRAL

**1) NON-URGENT FOOT PROBLEM:** Please select preferred clinic and send via, post, email or fax using the details below. Alternatively, you can take the completed form to your preferred clinic location in the table below. **You will not be treated on that day, but later contacted via post to make an appointment.**

**Address for posting referrals:**

Foot Health  
2<sup>nd</sup> Floor, Tower Wing  
Guy's Hospital  
Maze Pond road  
SE1 9RT

Email: [gst-tr.GSTTSwkFootHealthEnquiries@nhs.net](mailto:gst-tr.GSTTSwkFootHealthEnquiries@nhs.net)

**2) URGENT FOOT PROBLEM:** If you think your foot problem is **URGENT e.g. bleeding, swelling, infection or sudden pain**. Please attend one of the Urgent Clinic Hours listed below; if outside hours please contact Gracefield Gardens on 0203 049 5371 who can direct you to the nearest clinic for assistance.

You may have to wait when you go to the urgent clinic. The podiatrist may assess and advise only. Treatment is not guaranteed.

**Clinic locations and Urgent clinic hours shown below:**

Clinic	Address	Telephone	NON-URGENT Preferred clinic Please tick	URGENT CLINIC HOURS
Manor Health Centre	86 Clapham Manor St Clapham SW4 6EB	0203 049 56 00	<input type="checkbox"/>	Monday 1:20pm - 3:40pm
Gracefield Gardens	2-8 Gracefield Gardens Streatham SW16 2ST	0203 049 50 30	<input type="checkbox"/>	Tuesday 1:20pm-3:40pm
Elmcourt	214-218 Norwood Road Norwood SE27 9AW	0203 049 57 00	<input type="checkbox"/>	Wednesday 11.10am - 12:30pm
Mawbey Brough Health Centre	39 Wilcox Close Vauxhall SW8 2UD	0203 049 68 00	<input type="checkbox"/>	Thursday 1.20pm - 3:40pm Friday 1:20pm - 3:40pm
Akerman Health Centre	60 Patmos Road Brixton SW9 6AF	0203 049 64 00	<input type="checkbox"/>	
Pulross Centre	47a Pulross Road Brixton SW9 8AE	0203 049 55 00	<input type="checkbox"/>	
Whittington Centre	11-13 Rutford Road Streatham SW16 2DQ	0203 049 53 20	<input type="checkbox"/>	
LCCC	Monkton Street Kennington SE11 4TX	0203 049 69 0	<input type="checkbox"/>	

**5. FOR HEALTH PROFESSIONAL REFERRALS**  
**(GP / Health Professional to complete – patients do not fill out this section)**

**Referral Urgency:**

**Urgent referral**  
 (consider Hospital for active ulceration/infection -see pathway)

Routine  
 (4-6 weeks suitable)

Musculoskeletal

Home visit

**Referral reason:**

**Medication:**

**Allergies:**

**Past medical history:**

**Recent results:**

- HbA1C .....
- Renal Function .....
- Cholesterol level .....

**Please see attached for further results / investigations (X-ray results, US Scans, Swabs etc):**

Any additional information:

Please refer to Local Diabetes Foot Pathway for additional information:

<http://www.southwarkhealth.nhs.uk/documents/3555.pdf>