[**clcht.bcs-admin@nhs.net**](mailto:clcht.bcs-admin@nhs.net)

**Tel: 0208 732 6328**

**SECTION 1:**

|  |  |  |
| --- | --- | --- |
| \*Patient Name: | \*Surname: | \*Sex: Male  Female |
| \*DOB: | \*NHS No: | \*Title: Mr  Mrs  Ms  Miss other …………………. |
| \*Address: | |
| \*Postcode: | \*Tel: | \*Mobile: |
| \*Ethnicity: | \*Interpreter Required: Yes  No  \*Language: | |
| \*Registered Blind: Yes  No | Has this patient been treated by Barnet Podiatry before? | |
| \*GP Name: | \*Address:  Tel: | |
| \*Referral made by: GP  Service user/relative  Other    Referrer Name:  Tel: | | |
| **\*Is patient housebound Y / N**  Patients that are able to attend GP / Dental / Hospital appointments etc. should not be considered housebound.  **\*Is transport required? Y / N**  Transport is ONLY provided for patients who have no assistance with attending appointments and would otherwise be unable to attend. This will be re - assessed at their first appointment | | |
| **\*MEDICATIONS TAKEN:** please list or attach print-out | | |
| **\*ALLERGIES:** please list | | |

**SECTION 2:**

|  |  |
| --- | --- |
| **\*MEDICAL HISTORY - Please tick the boxes that apply** | |
| 1. Diabetes (T1): low  or moderate  risk 2. Diabetes (T2): low  or moderate  risk 3. Peripheral Arterial Disease 4. Immuno -suppression/deficiency 5. Renal (kidney) disease 6. Connective tissue disorder | 1. Chronic/severe leg oedema incl. lymph oedema 2. Neurological disorder 3. Rheumatoid Arthritis 4. Cardiovascular disease 5. Lifelong Anticoagulant Therapy      1. Other please state: ----------------------- |

**SECTION 3:**

|  |  |
| --- | --- |
| **\*PODIATRIC REASON FOR REFERRAL -** Please tick the boxes that apply | |
| **GENERAL Podiatry**   1. Severe Corns and/or Callouses 2. Nail deformity 3. Ulceration - non diabetic wound 4. History of Ulceration 5. Previous Amputation 6. Moderate Foot Deformity (E.g. HAV, clawing of the toe)  if surgical opinion, refer directly to CLCH Podiatric Surgery 7. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **BIOMECHANICS**   1. Metatarsalgia (forefoot pain) 2. Achilles/ ankle pain 3. Pes planus (flat foot) 4. Plantar fasciitis 5. Lower Limb evaluation 6. Other--------------------- |
| **MINOR SURGERY**   1. Infected toenail (on AB) 2. Chronic in-growing toenail |  |