The Podiatry Service in Nottinghamshire is provided by Nottinghamshire Healthcare NHS Foundation Trust.

**The community podiatry service currently provides:**

* Podiatry treatment such as debridement of hard skin and corns, and nail care for people considered to have ‘high-risk feet’
  + The term ‘high-risk feet’ is used to describe medical conditions and foot problems which can make the feet more vulnerable to complications such as ulcers and infections.
  + Examples include diabetes with neuropathy (loss of sensation) and/or peripheral arterial disease (reduced circulation), circulatory disorders, neurological disorders, inflammatory arthritis.
* Foot ulcer management
* Biomechanical assessment, advice, insole provision and steroid injections for people with musculoskeletal foot pain (pain in bones, muscles, ligaments, tendons, nerves of the feet) and gait (walking) problems
* Nail surgery for removal of painful problematic nails, i.e. ingrowing toenails

**Unfortunately, we are unable to provide routine podiatry treatment or simple nail care for people who are considered to have ‘low-risk feet’ (do not have a medical condition that impacts on their foot health).**

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| **Foot Conditions Not Eligible for NHS Podiatry:** (these referrals will **not** be accepted) |
| * ‘Low-risk feet’ that require toenail cutting (including difficulty reaching feet to cut nails) * ‘Low-risk feet’ with corns and callus * Fungal nail and skin conditions * Verrucae |

If you have a foot problem and feel that you meet the criteria to receive NHS podiatry treatment please complete the podiatry referral form overleaf, and either

**Email it to**: [PodCommunityAdmin@nottshc.nhs.uk](mailto:PodCommunityAdmin@nottshc.nhs.uk) **or**

**Post** **it to:** Podiatry SPA, Mansfield Community Hospital, Stockwell Gate, Mansfield, Notts, NG18 5QJ

Once the podiatry department receive this referral, it will be reviewed by one of the podiatrists.

Any referral forms that are incomplete or do not provide enough information may be returned with a request for further information.

Receipt of this referral form by the podiatry department does not guarantee that you will be given an assessment appointment.

Referrals that are accepted will offered an assessment appointment. Waiting times for assessment appointments vary and are allocated according to foot problem and foot risk, so it is important that you provide as much information as possible.

Being offered an assessment appointment does not guarantee that you will receive ongoing podiatry care. This will be discussed at the assessment appointment, and depend on your foot problem, foot risk, and medical history.

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| If you are not the patient completing this form, please state your name and relationship to the patient | | | |
| Name: |  | Relationship: |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PATIENT DETAILS** | | | | | | | | | | | |
| **NHS Number:**  **(if known)** | |  | | | **Date of Birth:** | |  | | | **Sex: (M/F)** |  |
| **Title:** |  | **First name:** | |  | | **Surname:** | |  | | | |
| **Address and Postcode:** | |  | | | | | | | | | |
| **Telephone No:** | |  | | | **Ethnic Group:** | | |  | | | |
| **Interpreter Required: (Y/N)** | | |  | | **If ‘Yes’ – which language:** | | | |  | | |
| **Chaperone Required: (Y/N)** | | |  | | **If ‘Yes’ – details:** | | | |  | | |
| **Any mobility problems that might affect clinic access?**  **(such as ability to use stairs, uses wheelchair or mobility aids, bedbound)** | | | | | | | |  | | | |

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| **GP DETAILS** | | | |
| **GP Name:** |  | **Telephone No:** |  |
| **Practice Name & Address:** |  | | |

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| **What is your Podiatry Need? (If unsure, please leave blank)** | | |
| ☐ Foot Ulcer | ☐ Podiatry Treatment (nails/corns/callus) | |
| ☐ Nail Surgery | ☐ MSK / Biomechanics | |
| **What is your current foot problem?**  Please describe (in your own words) the foot problem/s that you are seeking help with | | |
|  | | |
| **In relation to your feet, do you have:** | | |
| Toe / Foot / Leg amputation | | Foot ulcer |
| Current bacterial foot infection | | Currently Prescribed Antibiotics |
| **What are you hoping the podiatrist can do for you?**  This will help give us a better understanding of what you are expecting from a podiatry appointment | | |
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| **Medical History:** | | |
| **No medical conditions** | | |
| **Please tick if you have any of the conditions listed below: (if yes, please give further detail)** | | |
|  | Diabetes  (please state type and how controlled) |  |
|  | Heart Conditions (e.g. AF, Angina, Heart Attack, Peripheral Arterial Disease) |  |
| ☐ | Stroke |  |
|  | Chemotherapy |  |
|  | Renal Problems (e.g. replacement therapy/dialysis) |  |
|  | Respiratory Conditions (e.g. COPD) |  |
|  | Inflammatory Arthropathies (e.g. Rheumatoid Arthritis) |  |
|  | Autoimmune Conditions (e.g. Lupus, Scleroderma) |  |
|  | Neurological Disorders (e.g. MND, MS, Parkinson’s, Epilepsy) |  |
| ☐ Other (specify): | |  |
| **If you have any medical conditions (other than the above) or life altering injuries, please provide further details below:** | | |
|  | | |
| **ALLERGIES: If you have any allergies, please provide further details (including allergen, reaction):** | | |
| **☐ No allergies** | | |
|  | | |
| **PREVIOUS SURGERY: Please provide details of any previous relevant surgery (e.g. heart surgery, foot, ankle or leg surgery):** | | |
| **☐ No previous surgery** | | |
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| **CURRENT MEDICATION**: **Please provide details of any current medication you take (can attach list if easier)** | | |
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| **WHERE POSSIBLE, PLEASE ATTACH PHOTO/S OF YOUR FOOT/FEET PROBLEMS** | | |