

Podiatry Patient Self-Referral

Email: rwh-tr.wolvespodiatryselfreferral@nhs.net

Address: Phoenix Health Centre, Parkfield Road, WV4 6ED, 01902 444044

Service Exclusions:

(The service reserves the right to reject referrals that do not meet the access requirements)

- **Nails Cutting:** Patients with no underlying medical or health problems
- **Fungal Nails:** Will not be treated routinely
- **Verrucae:** The service will not undertake verrucae treatment
- **Diabetic annual foot screen:** Without underlying need for Podiatry treatment
- **Corns and Callus removal:** Without underlying medical or health problems
- **Heel pain and general foot pain:** Without underlying medical or health problems

If you do not meet our access criteria, please seek your local private Podiatry practitioner:

<https://rcpod.org.uk/find-a-podiatrist#FIND.PODIATRIST>

- I consent to the Royal Wolverhampton NHS Trusts fair processing and retention of the information provided – General Data Protection Regulation 2016 (GDPR) (royalwolverhampton.nhs.uk):

<https://www.royalwolverhampton.nhs.uk>

Should you require an alternative version of this form, please contact the service on: 01902 444044 or Email: rwh-tr.wolvespodiatryselfreferral@nhs.net

If you do not know your NHS Number please follow this link:

<https://www.nhs.uk/nhs-services/online-services/find-nhs-number/>

1. Personal Details			
Name			Preferred Name
DOB		Title	
Present Address			
Post Code			<input type="checkbox"/> Temporary
Previous Address			Main Address (if temporarily at above address)
Home Phone			Other Phone
Access Arrangements or Problems			
Occupation			Religion
Ethnicity			Spoken Language
Is an interpreter required?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Hospital Number			NHS Number

2. Medical Details

Registered GP:		GP address, Telephone Number:	
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3. Next of Kin and Additional Support

Next of Kin Name:	Address:	Contact Details:
<input type="checkbox"/> Keyholder		<input type="checkbox"/> Main carer
Your Mobility	Do you attend your GP clinic? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, are you: <input type="checkbox"/> Bedbound <input type="checkbox"/> Chair bound <input type="checkbox"/> Housebound Have you: <input type="checkbox"/> Recently Fallen <input type="checkbox"/> Use a stick <input type="checkbox"/> Frame <input type="checkbox"/> Wheelchair	
Please provide us with any supporting information e.g., are you under the care of another hospital services?		

4. Accommodation Information

Do you live alone?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Key Safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Key Safe Number:		
Type of Accommodation:		If flat, which floor?		

5. Medical History

Do you take any medication? (Please list)			
Do you have any allergies? (Please list)			
	Yes	No	Details
Are you diabetic?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you take any anticoagulation medication for example Aspirin, Warfarin or Apixaban	<input type="checkbox"/>	<input type="checkbox"/>	
Are you receiving dialysis?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have rheumatoid / auto immune disease?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any neurological conditions?	<input type="checkbox"/>	<input type="checkbox"/>	
Visually impaired?	<input type="checkbox"/>	<input type="checkbox"/>	

Other (please list)	
Why are you requesting a podiatry appointment?	

6. Details of your foot problem

	Left	Right	Please add additional details – Duration of problem any other treatments you have tried.
Long toenails	<input type="checkbox"/>	<input type="checkbox"/>	
Fungal nail	<input type="checkbox"/>	<input type="checkbox"/>	
Verrucae	<input type="checkbox"/>	<input type="checkbox"/>	
Corns / Callus	<input type="checkbox"/>	<input type="checkbox"/>	
Foot wounds / ulcers	<input type="checkbox"/>	<input type="checkbox"/>	
Ingrowing toenail	<input type="checkbox"/>	<input type="checkbox"/>	
General foot pain / deformities	<input type="checkbox"/>	<input type="checkbox"/>	

Home visit will only be offered if you fulfill the following criteria:

- If you are terminally ill
- If you are bed bound
- Housebound patients who are unable to travel without support.
- If in the clinician's view your treatment is most appropriate within the home environment

When you will not receive a home visit:

- If you can leave the house for GP, Hospital or other social appointments you will be expected to attend a clinic if your referral is accepted by the service.

Useful links:

- Pain in the ball of the foot:
<https://www.nhs.uk/conditions/foot-pain/pain-in-the-ball-of-the-foot/>
- Pain in the bottom of the foot
<https://www.nhs.uk/conditions/foot-pain/pain-in-the-bottom-of-the-foot/>
- Corns and calluses – NHS (www.nhs.uk)
<https://www.nhs.uk/conditions/corns-and-calluses/>
- Warts and verrucas – NHS (www.nhs.uk)
<https://www.nhs.uk/conditions/warts-and-verrucae/>
- Fungal nail infection – NHS (www.nhs.uk)
<https://www.nhs.uk/conditions/fungal-nail-infection/>
- Registration | Health and Care Professions Council (HCPC) | (hcpc-uk.org)
<https://www.hcpc-uk.org/registration/>
- Diabetes UK – Know diabetes. Fight diabetes. | Diabetes UK
<https://www.diabetes.org.uk/>

Once completed please either:

When completed email this form to:

rwh-tr.wolvespodiatryselfreferral@nhs.net

Or post to:

Podiatry Department, Phoenix Health Centre,
Parkfield Road, WV4 6ED

If you are unable to complete this form, you can contact the service via telephone on **01902 444044** and one of our call handing team will be happy to assist you.