Manchester City-Wide
Podiatry Referral Form South Team

Manchester Local Care Organisation
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Please complete all sections of this referral, incomplete referrals will be rejected.

The Manchester Podiatry Service provides podiatry care for patients with serious and complex clinical conditions of their feet. This includes patients with foot ulcers which can result in severe complications if not treated; the care of these patients is prioritised. We do not accept referrals for toenail cutting and simple foot care if your medical conditions do not put your feet at risk of ulceration.

Title		**NHS Number**		**Date of Birth**	
Forename			**Surname**		
Address **Post Code**					
Telephone(s)			**Email**		
Name of GP					
GP Practice					
Is an interpreter required?	Yes / No	**Language required**			
Is a British Sign Language interpreter required? Yes / No					
Do you have any support requirements? If so, please let us know.					
<u>Home visits</u> are for people who are totally housebound (only able to go out by ambulance), otherwise you will be referred to the nearest appropriate clinic. **Please tick if you are requesting a home visit.**					

Reason for Referral Please tick all that apply from the list below					
<u>Please include a photograph of your foot problem and attach file to referral:</u>					
Foot Ulcer / Wound Infected: Yes / No		**Thickened / Deformed / Involuted / Fungal Toenail(s)** **Ingrowing Toenail(s)** Infected: Yes / No		**Foot Pain / Biomechanical Foot Problem** (Please state if you have had insoles before)	
Active Charcot		**Hard Skin** (Callus / Corn) Painful / not painful		**Significant Foot Deformity**	
Further information - Provide details below					

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NHS number:					
Medical History Please tick all that apply from the list below					
Chronic Kidney Disease Stage 3 / 4 / 5		**Immunocompromised** Immunosuppressant medication: Chemotherapy, Radiotherapy, DMARDs		**Diabetes** **Last Foot Screen Result:** Low / Increased / High / Ulcerated	
Peripheral Arterial Disease (PAD)		**Connective Tissue Disorder** e.g., Scleroderma, Systemic Lupus Erythematosus		**End of Life Pathway**	
Peripheral neuropathy (Loss of feeling in feet)		**Rheumatoid Arthritis** (Not Osteoarthritis)		**Debilitating neurological condition**	
Rockwood frailty score 5+		**History of Charcot, foot or lower limb amputation**		**Gross oedema or lymphoedema**	
Anticoagulant therapy State:					

Any other medical conditions	**Medication**

Are you under a Consultant / Hospital Department for any medical conditions?	Yes No		
If yes, please provide details			
Applicant Signature		**Date**	
Name of Referrer		**Designation**	
Referrer Contact Details			
Special Appointment Notes / Requests access codes for home visit, social worker contact details, district nurses contact			

Please return completed e-referral including photograph to: - mft.spa-uhsm@nhs.net
Enquires please contact Podiatry (South Team), Northenden Health Centre, 489 Palatine Road, Manchester M22 4DH. 0161 529 6153 or email to **podiatry.southmanchesterLCO@mft.nhs.uk**