INFORMATION TO READ BEFORE COMPLETION OF PODIATRY / FOOT HEALTH **SELF- REFERRAL (See over)……**

**Please** use **BLOCK CAPITALS** to complete as fully as possible. If there is insufficient detail this will cause delay or rejection.

**If sending electronically by email, please attach photos where appropriate of your current foot issue. Elft.thchsfoothealth@nhs.net**





Top five **not** accepted foot health referrals:

1. Diabetics with painful peripheral neuropathy or burning sensation to feet **please consult your GP for prescription and advice. website** [**https://www.elft.nhs.uk/services/foot-health-tower-hamlets**](https://www.elft.nhs.uk/services/foot-health-tower-hamlets) **or a Physiotherapy referral.**

2. Anyone with verruca, corn, callous or fungal nail infection / athlete’s foot, psoriasis who have no medical need. **This would require non-NHS Podiatry Care – see website** [**https://www.elft.nhs.uk/services/foot-health-tower-hamlets**](https://www.elft.nhs.uk/services/foot-health-tower-hamlets)

If you **need assistance** to complete this form please contact us by email or telephone and our admin team will support you.

**By hand or by post, hand in / send into** our **Administration Team address**:

**Foot Health Service**

2nd Floor, Yellow Zone, Grove Building

**Mile End Hospital**

Bancroft Road

London E1 4DG

Tel: **020 77715775**

(QR code scan to website)

3. People with Rheumatoid disease affecting their feet requiring musculoskeletal assessment or anyone requiring insole therapy. **This would require non-NHS Podiatry Care – see website** [**https://www.elft.nhs.uk/services/foot-health-tower-hamlets**](https://www.elft.nhs.uk/services/foot-health-tower-hamlets)

4. People with plantar fasciitis, heel pain, heel spur, digital (toe) deformities or bunion deformities. **This would require non-NHS Podiatry Care – see website** [**https://www.elft.nhs.uk/services/foot-health-tower-hamlets**](https://www.elft.nhs.uk/services/foot-health-tower-hamlets)

5. Anyone requiring an internal or external heel raise for a leg length discrepancy. **This would require non-NHS Podiatry Care – see website** [**https://www.elft.nhs.uk/services/foot-health-tower-hamlets**](https://www.elft.nhs.uk/services/foot-health-tower-hamlets)

#### COMPLETE ALL SECTIONS OF THIS SELF REFERRAL FORM

|  |  |  |
| --- | --- | --- |
| **Mr/Mst/Mrs/Miss/Ms/Dr/Rev/Mx/Other**  **…............**  **SURNAME………………………………** | **FORENAME / GENDER / PRONOUNS…………………….**  **……………………………………** | **Translation Services required? Y/ N**  **………………………………………….** |
| **DATE OF BIRTH** | **NHS NO.** | **Preferred Language**  **………………………………………….** |
| **ADDRESS**  **& POSTCODE** | **ETHNICITY** | **Bedbound Tick if YES** |
| **EMAIL** | **MOBILE /TELEPHONE** | **How did you get this form? GP / WEBSITE/ OTHER…………………..** |

**NEXT of KIN**  **FAMILY DOCTOR**

|  |  |  |
| --- | --- | --- |
| **NAME**  TELEPHONE NO. | **GP NAME**  TELEPHONE NO. | **PRACTICE ADDRESS**  POST CODE |
| Low risk foot issues will **not** qualify for care | = | **Routine nail care; annual diabetic reviews; foot deformities unless congenital (issue from birth); corns; verruca; bunions; digital deformities; sports injuries; rheumatoid & osteoarthritis with no wound issues; psoriasis; fungal skin or nail issues; heel spurs or pain; plantar fasciitis; fractures & sprains or strains.** |

**\*Reason for referral**

|  |  |  |
| --- | --- | --- |
| **\*PLEASE TICK BELOW FOR ANY MEDICAL ISSUES YOU HAVE AFFECTING YOUR FEET:** |  | **\*LIST YOUR other MEDICAL ISSUES**  **………………………………………………….**  **………………………………………………….** |
| **DIABETIC foot issues i.e. numbness in feet due to nerve damage**  **…………………………………………....** | **CIRCULATION PROBLEMS Affecting the feet i.e. diagnosed vascular or arterial disease** | **ACTIVE or PREVIOUS FOOT WOUNDS OR ULCERATION (see last page: Emergency Clinic advice)**  **………………………………………………….** |
| **Congenital (issue from birth) FOOT DEFORMITY that will not fit into a retail shoe REQUIRING FOOTWEAR**  **……………………………………………** | **INGROWING TOE NAIL**  **(see last page:**  **Emergency Clinic advice) …………………..** | **Diagnosed significant MENTAL HEALTH ISSUES……………………………………….**  **Or Diagnosed LEARNING DISABILITIES**  **…………………………………………………** |

**REFERRED BY: (Please tick)** PATIENT (SELF) OTHER (Please state)………………………………

Signed… …………………………………………………… Dated…………………………….

**FOOT HEALTH SERVICE**

**EMERGENCY CLINIC**



**ONLY** EMERGENCY FOOT ISSUES WILL BE SEEN FOR TREATMENT

Monday to Friday – **8.30am prompt** (Excluding Bank Holidays)

Walk-in clinic for **Tower Hamlets residents only.**

No appointment necessary.

**This clinic will see patients with the following emergency conditions only:**

* Blisters or infected sores
* Discharging wounds - blood or pus
* Swollen / inflamed areas, painful ingrowing nail

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