

Referral for Podiatry Assessment

Date of Referral:							
Referrer Name:							
Referrer Practice:				Patients Regular GP:			
				(if not referrer)			
Patient Name:							
Address:							
DOB:				Male/Female			
NHI:							
Tel (Hm):				Work			
						Mobile	
Email:							
Ethnicity:							
Condition:		Diabetes		Cardiovascular Disease		Other	
Current Medications:							
		Insulin				Lipid lowering agents	
		Oral glycaemic agent				Anti-hypertensives	
		SAIDS				NSAIDS	
Other Current Medications:							
Diabetes Nurse Educator Name							
Other current medical conditions							
HbA1c				Most recent BP			
Year of Diabetes Diagnosis				Diabetes Type		1 / 2	
History of Smoking		Past / Present / Never					
REFER GUIDE							
		Peripheral neuropathy (10g monofilament)				Neuropathic pain	
		Peripheral vascular disease				Claudication (less than 200m)	
		Previous amputation				Rest pain	
		Previous ulceration				Current ulcer	
		Structural foot deformity				Ischaemic foot	
		Plantar callus				Vascular review greater than 12 months	
		Nail deformity				Current foot infection	
		Incapacity or inability to self foot care (eg visual impairment)				Infection not responding to oral antibiotic therapy	
		Inadequate knowledge of foot care practices				Kidney disease – nephropathy / Microalbuminuria	
		Visual impairment				Cellulitis	
		Lack of mobility				Systematic symptoms of infection	
		Poor or ill fitting footwear				Radiological or clinical evidence of bone involvement	
		Other concern (please give details)					
				Semi Urgent		Urgent	
COMMUNITY Fax: 07 577 1222 Email: diabetes@thefootclinic.co.nz				HOSPITAL REFERRAL CENTRE Fax: 07 578 9571 Direct Line: 07 579 8765 Email: leigh.shaw@bopdhb.govt.nz			