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**EPUT Podiatry West Essex Patient Self-Referral Form**

The EPUT NHS community Podiatry is a high-risk service and is only available to people with an active foot problem along with a medical condition that adversely affects their feet.

To be eligible for treatment with the community Podiatry service you must have one or more of the following:

* Foot wound or ulcer (please note we do not treat ankle ulcers)
* A Moderate or High risk diabetic foot risk status
* Lower limb/foot circulatory disorder
* Currently taking immunosuppressant medication
* Loss of sensation in your feet due to diabetes or a neurological problem
* Rheumatoid arthritis or any other inflammatory arthritis/connective tissue disorder

**Please note that the Podiatry service is not commissioned to offer foot care based on age, cut non-pathological toenails, treat verrucae or issue/repair surgical footwear.**

If you feel you have a medical condition with a foot pathology that qualifies you for assessment, please complete this form.

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| Please provide a clear reason for referral, including foot problem, location, duration, symptoms and any other relevant information:  (Please continue on back of sheet or below if necessary) | | | | | |
| GENDER: | FIRST NAME: | | | SURNAME: | |
| TITLE: | NHS NUMBER: | | | DOB: | |
| ETHNICITY: | | | RELIGION: | LANGUAGE SPOKEN: | |
| ADDRESS:  POST CODE: | | | | | HOME TELEPHONE:  MOBILE TELEPHONE: |
| GP NAME:  GP SURERY ADDRESS: | | | | | |
| NEXT OF KIN NAME: | | NEXT OF KIN TELEPHONE: | | DATE OF COMPLETEING REFERRAL FORM: | |
| MEDICAL HISTORY: | | | | | CURRENT MEDICATIONS: |
| Are you currently under the care of any other medical team? If yes, please provide details: | | | | | |
| Have you received NHS Podiatry/Chiropody previously? Yes No  If yes, when and where: | | | | | |
| How would you like to have confirmation of receipt of referral? (please tick)  □ Letter □ Telephone □ Text/Mobile | | | | | |
| Send you referral by email to: [epunft.podiatry@nhs.net](mailto:epunft.podiatry@nhs.net)  By post: Podiatry Department, St Margarets Hospital, The Plain, Epping, Essex, CM16 6TN  If sending by email you may also attach a photo to support your referral  Podiatry admin team: 03330 153 482 | | | | | |
| N.B PLEASE ENSURE ALL SECTIONS OF THIS FORM ARE COMPLETED ANY INCOMPLETE FORMS AND THOSE NOT MEETING OUR ACCESS CRITERIA WILL BE RETURNED | | | | | |