

CRITERIA FOR REFERRAL FOR PODIATRY ASSESSMENT



**Worcestershire
Health and Care**
NHS Trust

Does the patient meet the criteria for receiving Podiatry treatment?

1	2	3
Podiatric need	Medical need	Low / No medical or podiatric risk
Foot Ulceration Non-healing wounds Infection of wound / ulcer In growing toenail (+ medical need) Charcot Painful corns (+ medical need) Painful callus (+ medical need) Requires nail surgery for removal of an ingrowing toenail (12 years and above only) Foot pain (Musculoskeletal conditions)	Neuropathic and Ischaemic lower limb conditions+ Scleroderma, Rheumatoid or related inflammatory arthropathies + Poor Circulation or Neuropathy affecting the feet + Neurological Disorders Immunosuppressive+ Previous foot ulceration+ Renal Failure+ (+ Podiatric need)	General nail care Difficulty reaching feet to cut nails Asymptomatic callus and corns Verrucae Fungal nail and skin conditions Corns and callus for people that do not have a medical condition which affects their feet No podiatric problems with feet Asymptomatic foot conditions

If the patient meets any of the criteria above in **category 1 or 2** they may be offered a primary assessment appointment which may involve advice and discharge to self-care or an intense block of treatment to meet their foot health needs.

If they fall into **category 3** they have not met the required criteria for receiving podiatry NHS treatment. If you refer a patient within this category, please provide additional information, as routinely would not assess these patients. Patients may be telephoned by a podiatrist and given appropriate advice and sent foot health information leaflets.

All appointments will be allocated on; the risk, patient needs and requirements. Waiting times for appointments may vary, depending on the treatment required.

N.B. The completion of this application form does not guarantee a podiatry assessment.

All patients can access and view our website www.hacw.nhs.uk/our-services/podiatry-service or self-help information leaflets on how to safely manage their own foot care. For patients who do not fit our access criteria, they could seek the services of a HCPC Private Podiatrist- look in the Yellow Pages, or on the internet. Patients over the age of 55 years may also access Age UK who provide nail cutting services for a fee

THE FOLLOWING FORM IS TO BE USED FOR ALL NEW PATIENTS FOR COMMUNITY PODIATRY SERVICE. TO PREVENT DELAYS IN PATIENT CARE, ALL SECTIONS OF THIS FORM MUST BE COMPLETED

Patient details:

NHS No: _____
 DOB: _____ Mr/Mrs/Ms
 Surname: _____
 First name: _____
 Address: _____

 Postcode: _____
 Ethnic Group: _____

GP details:

Name: _____
 Practice Address: _____

 Postcode: _____
 Tel: _____
 Translator/Interpreter Required?: Yes/No

Patient Medical History (please tick all that are appropriate):

Diabetes		Foot pulses palpable		10g monofilament perceived	
Renal Failure		Lower limb Ischaemia		Lower limb neuropathy	
Physical Disability		OA		RhA / Inflammatory arthropathies	
Lower limb amputation		Immunosuppressed		None	
COPD		Mental Illness		Other (please state)	
Severe Foot Deformity		CVA / Neurological			

Podiatric Foot/Lower Limb Problem (tick as appropriate):

Acute Foot Ulceration		Charcot	
Infection		Symptomatic corns / callus	
In-growing toenail-infected		Foot / ankle pain (MSK assessment required)	
In-growing toenail- not infected		Other (please refer to access criteria)	
URGENT		NON URGENT	

Further Supporting Information:

Medication List (or attach list):

Referrer: _____ Title: _____ Signature: _____
 Address: _____ Date: _____

Return to: WHCNHS.wfpodiatry@nhs.net

For diabetic patients with lower limb problems indicated in **blue** please refer to:

WHCNHS:worcestershiredmft@nhs.net