

Tameside & Glossop Integrated Care

Podiatry Referral Form

Please ensure that **ALL** sections are completed – Failure to complete them may mean that this form is returned to you and treatment may be delayed or refused.

<p>Title: Forename:...</p> <p>Surname:</p> <p>Address:...</p> <p>Tel: Mobile:</p> <p>Can we contact you on all of these numbers? Yes / No</p>	<p>GP Name:.....</p> <p>GP Address Albion Medical Practice, 1 Albion Street Ashton Under Lyne Lancs</p> <p>Post Code:OL6 6HF.....</p> <p>Tel: 0161 214 8710</p>
<p>Date of Birth</p> <p>NHS No.</p>	<p><input type="checkbox"/> I am not able to attend any clinic as I am registered as housebound and do not leave home for <u>ANY</u> medical appointments.</p>

Ethnic Background (please tick one box only)

- | | | |
|---|--|--|
| <input type="checkbox"/> Any other ethnic group | <input type="checkbox"/> Mixed – Any other background | <input type="checkbox"/> White – Other |
| <input type="checkbox"/> Asian – Bangladeshi | <input type="checkbox"/> Mixed – White & Asian | <input type="checkbox"/> White – British |
| <input type="checkbox"/> Asian – Indian | <input type="checkbox"/> Mixed – White & Black African | <input type="checkbox"/> White – Irish |
| <input type="checkbox"/> Asian – Pakistani | <input type="checkbox"/> Mixed – White & Black Caribbean | |
| <input type="checkbox"/> Asian – Other British | | <input type="checkbox"/> Not known |
| <input type="checkbox"/> Black – African | <input type="checkbox"/> Other ethnic group – Chinese | <input type="checkbox"/> Not specified |
| <input type="checkbox"/> Black – Caribbean | | <input type="checkbox"/> Not stated |
| <input type="checkbox"/> Black – Other | Is an interpreter required? Y/ N which language:..... | |

Reason For Application

What foot problems do you have that require treatment? (Please tick any that apply to you).

We do not provide a social nail cutting/skin care service. Care is provided on a medical need only.

- | | | |
|---|---|---|
| <input type="checkbox"/> Nail problems | <input type="checkbox"/> Thickened/deformed nails | <input type="checkbox"/> Verrucae |
| <input type="checkbox"/> Ingrowing Nail | <input type="checkbox"/> Hard skin (Callus) | <input type="checkbox"/> Wound dressing |
| <input type="checkbox"/> Infected Ingrowing Nail
(red, weeping, painful) | <input type="checkbox"/> Corn/s | <input type="checkbox"/> Provision of Insoles |
| <input type="checkbox"/> Other (Please state) | <input type="checkbox"/> Biomechanical problem | |
- Please supply a separate history for biomechanical referral

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Medical History (please tick any that apply to you)

- Diabetes
- Inflammatory Joint Disease (e.g. Rheumatoid Arthritis, Systemic Lupus)
- Poor Immune System (e.g. Long term Steroid use)
- Neurological Problem (e.g. Stroke, MS, Cerebral Palsy)
- Diagnosed with Peripheral Vascular Disease (poor circulation in legs and feet)
- Mental health condition Other Disability Terminal Illness
- Learning disability
- Other (please specify).....

Have you any allergies you are aware of :-

- Yes I do have allergies (please state below)
- I am not aware that I have any allergies

.....

.....

Current Medication

It is essential that a copy of your medication is included – Have you attached a copy of your prescription or a list?

- YES I have attached a copy/list of my prescribed medication

- I do not take any prescribed

<mailto:communitycentralbookings@tgh.nhs.uk>

EMERGENCY CLINICS

If you have a **current infection** excluding fungal nails or a **foot wound** and **are not a current patient** with our service you can attend one of our **emergency in clinics** without submitting this form and going on our waiting list - **If you are unsure please contact us to discuss.**

THESE CLINICS ARE RUN AT:

Monday 13.30 - 15.30pm at Ashton Primary Care Centre. 193 Old St. Ashton-Under-Lyne OL6 7SR

Thursday 09.30 -11.30am Stalybridge Clinic. Waterloo Road, Stalybridge SK15 2AU

THESE CLINICS ARE NOT FOR ROUTINE TREATMENT AND YOU WILL NOT BE TREATED IF YOU DO NOT MEET THE CRITERIA.

Application filled out by: Doctor/ District Nurse/ Practice Nurse/ Self/ Relative/ Carer/ Other (please circle)

Signed: Date:.....

Please send completed forms to:

Podiatry Department

Central Bookings gateway team:

Crickets Lane Clinic

Crickets Lane

Ashton-u-Lyne

OL6 6NG

Tel: 0161 922 4888

We accept referrals via e-mail

<mailto:communitycentralbookings@tgh.nhs.uk>

Please note Incomplete referrals may be rejected.

communitycentralbooking@tgh.nhs.uk

Medication

Acute

Drug	Dosage	Quantity	Last Issued On
Comirnaty COVID-19 mRNA Vaccine 30micrograms/0.3ml dose concentrate for dispersion for injection multidose vials (Pfizer Ltd)	1 dose by Intramuscular Injection	1 dose	30-Sep-2021

Allergies