NHS Borders

PODIATRY
Self-referral Form

Please complete **all** sections of this form to avoid delay as partially completed forms will be returned for reasons of patient safety.

Section 1

Title: Mr/Mrs/Miss/Ms	First Name:	Surname:
Address: Post Code:		Date of Birth:
Home Telephone No:	Mobile Telephone No.	Do you give permission for us to leave messages on answering machine or contact you by text or email? No ☐ Yes ☐
Email Address:		
GP Name and Practice:		
Do you need an interpreter? Yes ☐ No ☐	Language Spoken:	

Please give as much detailed information as possible in this section even if you have contacted us previously – (please see example of completed form)

What are your symptoms? – please give the reason for your referral and describe any symptoms including which part of your foot is affected e.g. pain in forefoot when walking

When and how did the problem start? e.g. 6 months ago

What have you tried to help the problem? e.g. tried self help on website

Have you had any recent injury or surgical procedure and please give details?

Section 2

Are you unable to work or care for a dependant because of this problem? Yes ☐ No☐

Are you in paid employment (including self-employment)? Yes ☐ No☐

Are you off work due to this problem? Yes ☐ No☐ If yes how long have you been off work?

Have you experienced/are you experiencing any of the following?
(Important: If answering yes to any of the following please give details in box C on page 1)

1	A history of cancer	Yes ☐ No ☐
2	Recent weight loss **of over 10kg** without trying	Yes ☐ No ☐
3	New or recent loss of control of your bladder and/or bowels or difficulty passing urine	Yes ☐ No ☐
4	Pins and needles or numbness around your back passage or genitals e.g. when wiping after toilet	Yes ☐ No ☐
5	Unexplained tripping, stumbling or arm or leg weakness	Yes ☐ No ☐
6	Recent sudden change in the shape of your ankle or foot	Yes ☐ No ☐
7	Any heat, redness and swelling of your calf/joints/other (please circle any which apply)	Yes ☐ No ☐
8	Feeling generally **very** unwell	Yes ☐ No ☐
9	Recent history of significant injury/trauma (please give details in box C on page 1)	Yes ☐ No ☐
10	Foot or ankle pain improved by any medication you currently take	Yes ☐ No ☐ n/a ☐
11	A history of any of the following: IV drug use/HIV/osteoporosis/TB (Please circle any which apply)	Yes ☐ No ☐
12	Have you contacted your Doctor or other health professional about your current foot and ankle problem?	Yes ☐ No ☐
13	Are you or could you be pregnant? (please give number of weeks)	Yes ☐ No ☐ Weeks:
14	Have you had an x ray or scan for this problem?	Yes ☐ No ☐

Are you able to access the internet? Yes ☐ No ☐

GENERAL HEALTH: Please tick if you have any of the following: Good Health ☐

Diabetes ☐ Foot/Leg Ulcers ☐ Rheumatoid condition ☐
Poor Circulation ☐ Heart Disease ☐ Foot/Leg/Toe amputation ☐
Other:

Do you have any other health problems you think we should be aware of? E.g. allergy
Please list your current medications including any over-the-counter products:
Lifestyle : Do you smoke? Yes ☐ No ☐ Number of cigarettes smoked per day? Approximately how many units of alcohol do you drink per week? Do you take regular exercise? Yes ☐ No ☐ Type of exercise taken?
Section 3 – Please fill in this section only if you have contacted us about this problem before. What is the reason you are contacting us again? (please tick any that apply) Problem getting worse ☐ Problem not improving despite following self help advice ☐ GP or other health care worker told me to contact again ☐ New Problem ☐ I confirm I have tried the recommended self care for this problem ☐
Signature:
Date:

Please send this completed form to:

AHP Booking Team
AHP Support Office (Room 1GW8)
Borders General Hospital
TD6 9BS

What happens next?

Once we receive your completed form we will carefully check all the information and decide how best to help you based on the information you provide. If we need more information to enable us to make a decision then someone will contact you by telephone or email. If we think your problem would be better managed by a different health care professional we will pass the referral to them (e.g. physiotherapist or GP). To allow us to give you the best care it is very important you give us clear information especially in relation to the reason for your referral on page 1 (see our example of a completed form for help with the kind of information needed).

The help we offer may take the form of advice on things you can do yourself to improve your symptoms, e.g. by directing you to our website:
www.nhsborders.scot.nhs.uk/commonfootandankleproblems.
(If you have no internet access we can send you a leaflet). Alternatively you may be offered a clinic appointment. By working in this way our patients have fast access to evidence-based up-to-date information without needing to wait for a clinic appointment. Clinic appointments can also be offered quickly to those who have conditions putting them at higher risk of developing foot and ankle complications.

If you are advised to try self help and find that despite following our advice your foot and ankle problem is not improving within the suggested time frame we ask that you complete another self-referral form. We will then contact you to decide how best to help you.