

FIFE PODIATRY SERVICE

REFERRAL FOR PODIATRY ASSESSMENT



PLEASE RETURN COMPLETED FORM TO: Gate 1, Level 2, Outpatients 3, MSK Hub, Whyteman's Brae Hospital, Whyteman's Brae, Kirkcaldy, KY1 2ND

SURNAME:	TITLE:	DATE OF BIRTH:
FIRST NAME:	CHI NO: (10 DIGIT NUMBER AT THE TOP LEFT OF YOUR PRESCRIPTION)	
ADDRESS:	GP PRACTICE:	
POSTCODE:	PRACTICE ADDRESS:	
CONTACT TEL NUMBER:	PRACTICE TEL NO:	
	MOBILE TEXT REMINDER: YES/NO	
	MOBILE NUMBER:	
EMAIL ADDRESS:		

PLEASE NOTE THAT NHS PODIATRY DOES NOT PROVIDE A NAIL CUTTING SERVICE

REASON FOR REFERRAL: Please give as much detailed information as possible.	
MEDICAL HISTORY: Please record any health problems you have or have had in the past including allergies.	MEDICATION: Please list all medication/tablets you are taking including any over the counter remedies.
PLEASE SUPPLY ANY OTHER HELPFUL INFORMATION:	
WORK STATUS:	
FIRST LANGUAGE:	DO YOU REQUIRE US TO ORGANISE AN INTERPRETER?

Ethnic Group (please tick box of your appropriate ethnic group)

1A	Scottish		3E	Any mixed or multiple ethnic groups		4D	African, African Scottish or African British		6Z	Other ethnic group
1B	Other British		3F	Pakistani, Pakistani Scottish or Pakistani British		4Y	Other African		98	Refused/Not Provided
1C	Irish		3G	Indian, Indian Scottish or Indian British		5C	Caribbean, Caribbean Scottish or Caribbean British		99	Not Known
1K	Gypsy/ Traveller		3H	Bangladeshi, Bangladeshi Scottish or Bangladeshi British		5D	Black, Black Scottish or Black British			
1L	Polish		3J	Chinese, Chinese Scottish or Chinese British		5Y	Other Caribbean or Black			
1Z	Other white ethnic group		3Z	Other Asian, Asian Scottish or Asian British		6A	Arab, Arab Scottish or Arab British			

REFERRED BY:	DATE:
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DO YOU NEED PODIATRY?

A guide to self-referral to the Podiatry Service

Podiatrists assess and treat problems of the foot and lower limb.

Our service aims to promote good foot health in Fife and support individuals to maintain mobility and independence.

WHAT WILL HAPPEN NEXT?

Your referral will lead to an initial conversation either on the telephone or face to face with a podiatrist.

We will want to talk about the following

- How what you have, is impacting your day to day life
- Anything you have done to try and make it better
- What you feel would improve the situation
- What you are hoping podiatry can help you achieve.

The conversation may lead to you being:

Sign-Posted

Where you may be directed to services out with podiatry that would be more appropriate to offer you help.

Offered reassurance

You may be offered reassurance that what you have is nothing that requires treatment from podiatry and that everything that should be done is being done.

Offered advice/Education

You may receive information, resources or advice about how to help yourself to manage what you have or to help you to prepare for the measures that you are likely to need to put in place to achieve your personal goals and outcome.

Offered an assessment

You will be given an appointment with a podiatrist for face to face assessment. This may lead to you being offered a course of treatment that will be tailored to your particular needs and which you will have a central role in planning and carrying out.