



**PRIVATE PODIATRY REFERRAL FORM**

***We Fix Feet provides clinical care for foot conditions that require treatment from a registered health care professional***

Please complete this form in full as incomplete forms may be returned which will delay the referral

**PATIENT'S DETAILS**

Title: Forename(s): Surname:  
 Male  Female D.O.B:  
 Address (incl. postcode):  
 Daytime contact number: Alternative contact number:  
 Email address:

**ETHNICITY**

White British  Any other mixed background  Black/ Black British Caribbean  
 White Irish  Chinese  Black or Black British African  
 Any other White  Asian or Asian British Indian  Any other Black groups  
 Mixed:White&Black Caribbean  Asian or Asian British Bangladeshi  Any other ethnic group  
 Mixed: White & Black African  Asian or Asian British Pakistani  Declined to state ethnicity  
 Mixed: White & Asian  Any other Asian background

**NEXT OF KIN'S/CARER'S DETAILS (if applicable)**

Name: Relationship to patient:  
 Daytime contact number: Alternative contact number:

**GP'S DETAILS**

Date of referral: GP's Name:  
 Contact number: Fax number :  
 Surgery address:  
 NHS.net email address:

**REFERRER'S DETAILS (if not GP)**

Name: Job title:  
 Contact number: Fax number :  
 Signature: Date of referral:  
 Email address (safe to send patient details):

**GENERAL NEEDS OF THE PATIENT**

Does the patient have a learning disability?  No  Yes  
 Did patient / carer consent to referral and assessment?  No  Yes, please state reason:  
 Are you aware of the any social issues that may affect this referral?  No  Yes, please specify:  
 Who is currently caring for your feet?  Myself  Family  Carers  Private Podiatrist  Other  
 Patient /Carer signature (if applicable):

**EXCLUSION CRITERIA**

Please note that we are unable to accept referrals for any of the following:

- **Red flags** – Diabetic ulcers should immediately be referred to Secondary Care
- Domiciliary biomechanics referrals



**Reason for referral**

**Please complete this section for BIOMECHANICS REFERRALS - Section 1**

**Is the referral for biomechanics?** (If yes, complete the questions below. If no, move to the General Podiatry Referrals Section)

- |  |                              |                             |
|--|------------------------------|-----------------------------|
|  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Has the patient had a trauma in the last 4 weeks which has caused the condition?         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is the patient's ability to weight bear restricted by pain?                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is the patient's pain uncontrolled?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is the patient acutely unable/struggling to work due to this problem?                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is the patient acutely unable/struggling to perform their caring duties to this problem? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Does the patient have an underlying systemic condition?                                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is swelling or inflammation present?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**BIOMECHANICS REFERRALS - Section 2**

Please indicate by ticking if the referral is for any of the following:

- |                                    |                          |
|------------------------------------|--------------------------|
| Hallux / Bunion pain               | <input type="checkbox"/> |
| Plantar fasciitis                  | <input type="checkbox"/> |
| Achilles tendinitis / tendinopathy | <input type="checkbox"/> |
| Heel Pain                          | <input type="checkbox"/> |
| Forefoot Pain                      | <input type="checkbox"/> |
| Arch Problems                      | <input type="checkbox"/> |

For any other condition, please give a brief description of the condition:

**Please complete this section for GENERAL PODIATRY REFERRALS**

**Section 1**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Is the referral for a general podiatry patient? (If yes, please complete the questions below) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Does the patient have lower limb ischaemia?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Does the patient have a current ulcer?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is there a history of ulceration?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**GENERAL PODIATRY REFERRALS**

**Section 2**

How long has the patient had the condition (please write): \_\_\_\_\_

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Does the patient have pathological nails requiring nail surgery?                         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Does the patient have a corn and/or callus?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Does the patient have an open wound?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is the patient under the care of a vascular team?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Does the patient have micro vascular disease?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Does the patient have Diabetes Mellitus?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is the patient immune-compromised, or taking TNF blockers? If yes, please specify below: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**MEDICATION / ADDITIONAL INFORMATION / CLINICAL FINDINGS**

Please state if any (please attach EMIS report):

Please return this referral form to We Fix Feet Limited

Email: [info@wefixfeet.co.uk](mailto:info@wefixfeet.co.uk)

Web: [www.wefixfeet.co.uk](http://www.wefixfeet.co.uk)

Address: We Fix Feet Limited, 8 Wollaton Road, Beeston, Nottinghamshire, NG9 2NR

Contact Number: 0115 9223377