FIFE PODIATRY SERVICE REFERRAL FOR PODIATRY ASSESSMENT



DATE OF BIRTH:

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

TITLE:

FIRST NAME:					CHIN	CHI NO: (10 DIGIT NUMBER AT THE TOP LEFT OF YOUR PRESCRIPTION)						
						GP PRACTICE: PRACTICE ADDRESS:						
					PRAC	CTICE TEL NO:						
POSTCODE:												
						BILE TEXT REMINDER: YES/NO BILE NUMBER:						
EMA	AIL ADDRESS:	:			•							
	<u>PLE</u>	ASI	E NO	TE THAT NHS POD	IATRY DO	OES N	OT PROVIDE A NAIL CUTT	ING S	SER	VICE		
REA	SON FOR REI	FER	RAL:	Please give as mu	ch detai	led in	ormation as possible.					
MEDICAL HISTORY: Please record any health MEDICATION: Please list all medication/tablets y									n/tablets yo	u		
•	-		or h	ave had in the pas	are t	aking including any over	the c	oui	nter remedie	es.		
incli	uding allergie	es.										
DIF	PLEASE SUPPLY ANY OTHER HELPFUL INFORMATION:											
r LL,	PLEASE SUPPLY ANY UTHER HELPFUL INFURIVATION:											
wo	RK STATUS:											
FIRS	T LANGUAGE	Ξ :		DO	O YOU RI	EQUIR	E US TO ORGANISE AN IN	TERP	RE	TER?		
Ethn	i c Group (plea	ise 1	tick b	ox of your appropria	te ethnic	group						
1A	Scottish		3E	Any mixed or multiple groups	e ethnic	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, Banglades Scottish or Banglades		5D	Black, Black Scottish or Black British					
1L	Polish		3J	Chinese, Chinese Scot Chinese British	ttish or	5Y	Other Caribbean or Black					
1Z	Other white ethnic group		3Z	Other Asian, Asian Sco Asian British	ottish or	6A	Arab, Arab Scottish or Arab British					
REFERRED BY: DATE:												
REI	FERRED BY:			DATE:								

Referral 19.10.2015 RV3

SURNAME:

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

\square 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.