FIFE PODIATRY SERVICE REFERRAL FORM



<u>PLEASE RETURN COMPLETED FORM TO</u>: MSK Hub Rehabilitation Department Victoria Hospital Hayfield Road Kirkcaldy KY2 5AH (Or hand it in to your local health centre)

Surname:	First Name:	Title:	Date of Birth:						
Contact Telephone Number:	CHI: (If known)	Email Address:							
Address:		CD Practices							
Address:		GP Practice:	GP Practice:						
		Practice Address:	Practice Address:						
Postcode									
Mobile Text Reminder: Yes/No	,								
Mobile Number:		Practice Telephone Number	Practice Telephone Number:						
Wobile Wulliber.									
PLEASE NOTE THAT NHS PODIATRY DOES NOT PROVIDE A ROUTINE NAIL CUTTING SERVICE									
	Incomplete referrals will result in a rejection notice								
Footcare Fife can	support you with toenail o See contact d	cutting if you are unable to cut you	r toenails.						
			tion						
		untary ac							
		ok an appointment with Footcare I							
	_		ort you in managing a range of foot and ankle ernatively, you can scan the QR code to access						
containens, meidanig rangar	podiatry resources and		Ziv code to decess						
	果熨	&							
Can you describe your foot pro	blem?	How does your foot problem affe	does your foot problem affect you?						
How long have you had this complaint?									
Related Medical History (diabe	tes. stroke. arthritis. etc.)	Please list all the medications you	u are currently						
, (,	taking:							
Do you require us to organise a	n interpreter and for who	t language?							
Do you require us to organise a	t language:								
If you are completing the form		If answering no, please provide	urther information:						
are they aware of the referral a	ind its content?								
Yes / No Print Name:		Sign:							
		- 0 -							

Review Date: 02.08.23

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

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

What will happen next?

All referrals are reviewed, and the information you provide will allow a decision to offer an appointment or be signposted.

- You will be contacted by podiatry to book an appointment.
- You may receive a telephone appointment to discuss your referral if further information is required.

Your referral may lead to one of the following:

Signposting

You may be directed to services out with podiatry that would be more appropriate to offer you help. This could include the voluntary nail cutting service or other healthcare professions.

Offered Advice & Education

You may receive information, resources, or advice regarding how to manage your foot health condition.

Offered an Assessment

You will be placed on a waiting list and offered an appointment at a later date with a podiatrist. Failure to respond will result in the referral being returned to the referrer.

Data Protection | NHS Fife

You can follow this link (WWW.NHS.Fife.org **Data Protection**) to the section of NHS Fife's website to find further information on what happens to the Data you have provided and what it is used for. If you have any specific queries or concerns, please contact NHS Fife's Information Governance and Security team by email to **Fife.dataprotection@nhs.scot**

Podiatry Referral Form Review Date: 02.08.23