

STANDARD PODIATRY REFERRAL FORM FOR DIABETIC PATIENTS

CARMARTHENSHIRE NHS TRUST

Please forward to the Podiatry Department at West Wales General Hospital
or Prince Philip Hospital

Name..... GP/Surgery.....

Address.....

DOB..... Hospital/Consultant.....

Phone No.....

	LEFT	RIGHT
<u>History</u>		
Previous ulceration	Yes/No	Yes/No
Amputation	Yes/No	Yes/No
<u>Vascular Assessment</u>		
Intermittent claudication (Estimated Distance)	Yes/No	Yes/No
Rest pain	Yes/No	Yes/No
Dorsalis Pedis Pulse	Present/ absent	Present/ absent
Posterior Tibial Pulse	Present/ absent	Present/ absent
<u>Neurological Assessment</u>		
10g monofilament test	Pass/borderline/fail	Pass/borderline/fail
Vibration perception threshold	Pass/borderline/fail	Pass/borderline/fail
Painful Neuropathy	Yes/No	Yes/No
<u>Foot Examination</u>		
Pathological callous	Digital/planter/heel/nil	Digital/planter/heel/nil
Nail Condition	Ingrowing/ gryphotic/ mycosis/normal	Ingrowing/ gryphotic/ mycosis/normal

Summary: Patient is at low risk / intermediate / high risk of Diabetic foot pathology.

Comments/other issues of note (e.g. apparent poor diabetic control)

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In case of any queries, please contact the Podiatry Department at
Carmarthen (phone 01267 227058) or Llanelli (phone 01554 783266).