

# 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.....

	<b>LEFT</b>	<b>RIGHT</b>
<b><u>History</u></b>		
Previous ulceration	Yes/No	Yes/No
Amputation	Yes/No	Yes/No
<b><u>Vascular Assessment</u></b>		
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
<b><u>Neurological Assessment</u></b>		
10g monofilament test	Pass/borderline/fail	Pass/borderline/fail
Vibration perception threshold	Pass/borderline/fail	Pass/borderline/fail
Painful Neuropathy	Yes/No	Yes/No
<b><u>Foot Examination</u></b>		
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).