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:	Email Address:					
Address:	1	GP Practice:	GP Practice:					
Post of the		Practice Address	Practice Address:					
Postcode								
Mobile Text Reminder: Yes/No)							
Mobile Number:		Practice Telepho	Practice Telephone Number:					
PLEASE NOTE THAT NHS PODIATRY DOES NOT PROVIDE A ROUTINE NAIL CUTTING SERVICE								
1	omplete referrals will result support you with toenail (-	to cut your toenails.					
1 ootsale i ne sal	See contact d		to dut your toendio.					
	fife volu	untary	action					
Free phone <u>08</u>	300 389 6046 and ask to bo	ok an appointment with	Footcare Fife.					
	_		g a range of foot and ankle					
conditions, including fungal	podiatry resources and	• • •	scan the QR code to access					
	果然							
		禁禁						
Can you describe your foot pro	blem?	How does your foot pro	oblem affect you?					
How long have you had this co	mplaint?							
Related Medical History (diabe	tes, stroke, arthritis, etc.)	Please list all the medic	cations you are currently					
		taking:						
Do you require us to organise an interpreter, and for what language?								
If you are completing the form		If answering no, please	e provide further information:					
are they aware of the referral a Yes / No	and its content?							
Print Name:		Sign:	Sign:					

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