**A&E referral form for the Diabetic Foot Clinic.**

Call the clinic on 0208 725 **2753** and if accepted:

Either send patient with this form completed to the *Thomas Addison Unit Lanesborough Wing.*

Or send referral to DM foot clinic email address: [diabetic.footclinic@stgeorges.nhs.uk](mailto:diabetic.footclinic@stgeorges.nhs.uk)

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| --- | --- | --- |
| **Patient name:** | **Patient NHS number:** | |
| **St Georges MRN:** | **Date of birth:** | |
| **Translator needed?** YES / NO | **Patient contact number:** | |
| **Reason for A&E attendance:** | | |
| **Reason for diabetic foot referral:** | | |
| **Has the patient been put on antibiotics?** YES / NO | **If YES which antibiotics and duration given?** | |
| **Any Allergies?** YES / NO | **Mobility Status:** Wheelchair / Walking  *Note we do not accept bed bound patients due to logistic issues.* | |
| **Has the foot/leg had recent imaging done?** YES / NO | **If YES what imaging?** | |
| **Relevant medical history** | | |
| **Relevant Medications** | | |
| **Known isolation/contact precaution?** | | **Other relevant information:** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | **Referrer details** |  | | **Name:** | **Department:** | | **Contact number/bleep:** | **Date of referral:** | | | |
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**Please note: we do not accept referrals for the following conditions:**

* Biomechanics/sports injuries, Routine podiatry and nail cutting – these are seen in community clinics.
* Leg ulcers are seen by district, practice and tissue viability nursing teams.