

# Central Cornwall **NHS** Primary Care Trust

Truro Health Office, The Leats, Truro TR1 3AH. Telephone (01872) 354321

## PODIATRY REFERRAL FORM

### SECTION A: SELF REFERRAL

1. To be completed by the patient **only** if they fall into the following categories. Please tick relevant box.

- |                                  |                          |
|----------------------------------|--------------------------|
| 1. Male and female over 65.      | <input type="checkbox"/> |
| 2. Children up to the age of 16. | <input type="checkbox"/> |
| 3. Expectant mothers.            | <input type="checkbox"/> |
| 4. Diabetics.                    | <input type="checkbox"/> |

2. If you are eligible, kindly complete this section of the form and return it to EITHER the address at the top of the page OR your doctor's receptionist. It will not be necessary for a Health Professional to complete Section B of this form.

3. In due course, you will receive an appointment to attend your nearest podiatry clinic.

### PLEASE USE BLOCK CAPITALS

Surname: (Mr/Mrs/Miss)..... Date of Birth: .....

Forenames: ..... Telephone No: .....

Address: .....

..... Post Code: .....

Doctor's Name: .....

Address: .....

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### SECTION B: GENERAL PRACTITIONER/HEALTHCARE PROFESSIONAL REFERRAL

Please enter the patients details above, then give details below of any relevant medication/medical information.

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Referred by: (Print Name) ..... Professional Title: .....

Address: .....

If GP Fund Holder state code: .....

Date: ..... Signature: .....

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### FOR OFFICE USE ONLY

Initial: ..... Date: ..... ICS No: ..... NHS No: .....

Problem code entered by Podiatrist  (Tick when complete on system).