

Foot Clinic Referral Form

Office Use Only: Date Received:

Appointment Date: _____

Triaged to: _____

Texas wound classification:

Grade 0 1 2 3

Stage A B C D

NHS Number:

Referral Date:

Patient Details		Under Community Podiatry: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name:		Lead Podiatrist Name:	
Address:			
DOB:		Diabetes: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Patient Tel: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Can the individual mobilise into a vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Mobile Number:	

GP Details

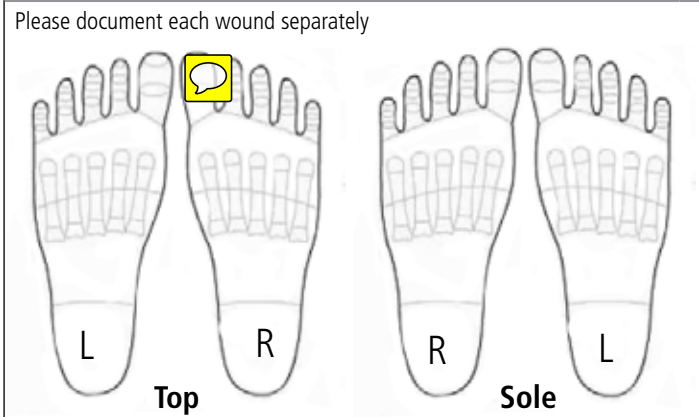
Name:	Address:
Contact Number:	

Past Medical History

(Please attach current medication list)

Ulcer Description: Is the foot hot and swollen with or without pain (charcot arthropathy)? Yes No

Please mark active ulcer /lesion to scale **Date main wound detected:**



Texas Wound Classification Additional Information

Grade

0. Is there a pre or post-ulcerative site that has healed? Yes No

1. Is the wound superficial? Yes No

2. Is the wound deep? Yes No

3. Can you see any bone? Yes No

Stage

A. Is the wound clean? Yes No

B. Is the wound infected? Yes No

C. Is there evidence of gangrene or necrosis? Yes No

D. Infection and gangrene or necrosis Yes No

Approximate size of the wound <1cm² >1cm²

Is the patient on antibiotics? No Yes

If yes please state, name & dose of antimicrobial agent & duration

Any additional information:

Referrers Details

Name:

Signature: _____ Designation: _____

Date: Contact Number: _____

Please fax this form to the Foot Clinic at Leicester General Hospital: F: 0116 273 3067 T: 0116 258 8304

Clinics: Monday pm, Wednesday am & Thursday am

[V5 (09/01/2015)]