

PODIATRY SERVICES REFERRAL FORM – VALE OF YORK LOCALITY

NHS Number				Referrer Details / Registered GP Practice			
Date of Birth		Male/Female					
Surname		Forename (s)		Date of referral			
Address		Referral to ONLY TICK ONE BOX PER FORM					
		Community Podiatry		Nail Surgery			
		Podiatry Wound Care		Biomechanics			
		MDT Foot Clinic					
Day Time Telephone No		Preferred location for treatment:					
Mobile		Can short notice appointments be taken? YES / NO					
Other Contact		ANY KNOWN RISKS					
Reason for referral			Medical History and Medication				
			<input type="checkbox"/> Consented to shared records on SystmOne <input type="checkbox"/> Print out attached Referrer's signature Print Referrer's name Date of referral.....				
			FOR OFFICE USE ONLY				
			Referral priority		Specify Podiatrist if appropriate	Date referral received	
			Emergency				
			Urgent				
Soon							
Waiting list							

Fax Completed Form to – 01423 542310
Or Email Form to - hdftr.swrpodiatryreferrals@nhs.net
Tel No: 01423 542300

Post to: Podiatry Services, White Cross Court, White Cross Gardens, Ramsay Clsoe, York ,YO31 8FT