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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Community Podiatry Referral Form**  ALL FIELDS ARE MANDATORY Please Attach Medical History and Medication list | | | | | | | | | | |
| To avoid a delay in treatment, please ensure the Checklist for Submission is completed. The Submitting Podiatry Referrals guidance at the end of this document provides further details on what is required for successful submission. | | | | Checklist for Submission:   * All fields completed * Reason for referral clearly identified * Medical history inserted * List of medication inserted * File saved as a Word Document file type (See Sections 3 – 6) * Not saved with any file protection enabled (See Section 7) | | | | | | |
| **Inclusion Criteria** | | | | **Exclusion Criteria** | | | **Referral Reason** | | | |
| * Active foot Ulcer * Diabetics with moderate risk or above as per NG19 please state risk category and HbA1c within last 3 months * History of ulceration to the lower limb * History of amputation to the lower limb * Neuropathy * Musculoskeletal Assessment * End of life care * Renal Dialysis | | * Infected ingrowing toenails- For Nail Surgery only * Rheumatoid/Inflammatory Arthritis * Neurological Condition –eg MS. * Peripheral vascular disease- Please state anticoagulant medication: * Immunocompromised- compromising tissue viability | | * Low risk Diabetics as per NG19 * Nail care * Non painful corns or callus * Annual diabetic foot checks * Fungal Nail Infection * Verrucae * Patients who have existing foot care provision * Patient who manage their own foot care. | | | **Please highlight:**  Foot Ulceration with or without infection  Infected Ingrowing toenail – **For Nail Surgery only**  Painful Corns/Callus  Musculoskeletal Assessment  **Please enter details in Reason for Referral below** | | | |
| **Patient Details** | | | | | | | | | | |
| **Patient Name** | |  | | **NHS number** | | |  | | | |
| **Preferred Name** | |  | | **Gender** | | |  | | | |
| **Date of Birth** | |  | | **Ethnicity** | | |  | | | |
| **Patient Address** | |  | | **Main Contact Number** | | |  | | | |
| **Alternative Contact Number** | | |  | | | |
| **Postcode** | |  | | **Communication Needs** | | |  | | | |
| **Dementia/Capacity Issues** | |  | | **Interpreter Required?** | | |  | | | |
| **Does the patient have a DNACPR in place?** | |  | | **Any Known Risks or Warnings?** | | |  | | | |
| **GP and Referrer Details** | | | | | | | | | | |
| **Referrer** | |  | | **GP Name & Address** | | |  | | | |
| **Referrer Job Title** | |  | | **GP Contact Number** | | |  | | | |
| **Referrer Contact Number** | |  | |  | | |  | | | |
| **Reason for Referral** | | | | | | | | | | |
| **Please State if the Referral is Urgent** | | | | | | | | | | |
|  | | | | | | | | | | |
| **\*\*PODIATRY DEPARTMENT USE ONLY\*\*** | | | | **Date Referral Received:** | | | |  | | |
| **Referral Status:** | **Accepted** | **Rejected** | **Further Information Required:** | | **Diabetic foot risk status** | **Podiatry need** | | | **HbA1c medication** | **Ethnicity** |
| **Triaged Criteria:** | **3 Day Urgent** | **HP 2-4 Weeks** | **Routine 8 Weeks** | | **Triaged By:** |  | | | **Date:** |  |
| **Caseload:** | **Clinic** | **Dom** | **Nail Surgery** | | **MSK** | **Podiatric Surgery** | | | | |

[Insert Medical History and List of Medication here]

**Patients who are excluded can contact the following services:**

**Age UK Birmingham & the Black Country- Dudley Stepping Out**

07702 568 857 (Direct)

0121 437 0033 (General)

0121 437 0479 (Information & Advice)

info@ageukbbc.org.uk www.ageukbbc.org.uk

**Birmingham Nail Care Service**

www.bhamnailcare.co.uk

Covering: Cradley health, Halesowen, Quinton, Coseley, Sedgley and Stourbridge.

**Private Podiatry /Chiropody**

Click on Feet for Life web site [www.feetforlife.org](http://www.feetforlife.org/) where you will be able to search for your nearest Private Podiatrist. To check if the Podiatrist you have chosen is registered with the Health Professions Council please search on [www.hpc-uk.org](http://www.hpc-uk.org)

**Submitting Referrals to Podiatry:**

**Checklist for submission:**

* All fields completed
* Reason for referral clearly identified
* Medical history inserted
* List of medication inserted
* File saved as a Word Document file type (See Sections 3 – 6)
* Not saved with any file protection enabled (See Section 7)

**Please ensure you comply to avoid a delay in patient care**

This sheet describes how we need the referral form submitting to avoid a delay in triage and potential treatment. Items covered: how you can identify the file type of a document and how you can save/ convert to specific file type. Also, checking and removing file protection will be explained.

Section 1 - What has Changed?

We belong to the Dudley Group NHS Foundation Trust. The Trust has adopted the national rollout of Office N365 to replace end of life software. As standard, we only have access to the online version of office 365. This means a reduction of functionality and features. The most poignant here being the lack of file type compatibility. This means that all ‘Word’ documents must be submitted as a WORD DOCUMENT file type (with a .doc or .docx extension). Additionally, protected files cannot be edited and such files need to have the protection removed before sending.

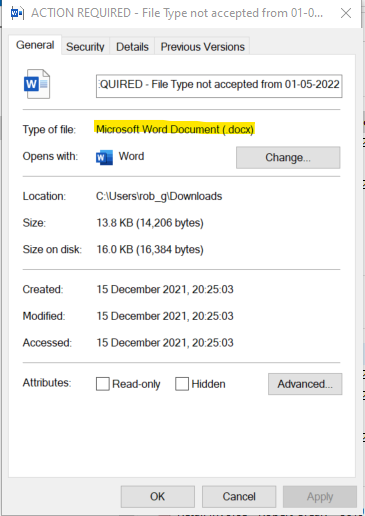
Section 2 - What will be Changing 1st May 2022?

We will no longer have access to any desktop version of Microsoft Office. This means that if the below steps are not taken, we will not be able to ‘fix’ the issues ourselves. We will need to send them back to you as the referrer to take action as described below. This will lead to a delay in processing patient referrals and could constitute a clinical risk.

Section 3 - How can I Identify the File Type?

There are two main ways:

1. Find the file icon of the document, right click > Properties:



1. With the document open, click File > Save As. Towards the bottom of the save window you will see Save as Type:



The file icon will usually look like: 

Note: Files can look like a Word Document by the icon and the fact you have created or edited them in Word, but only by using either of these two methods can you be sure that the file is saved as an actual Word Document file type. Don’t trust the icon image an indicator of file type.

Section 4 - File Types Can’t I Send?

Any others than the above. This includes:

Most commonly sent to us: Rich Text Format (.rtf) and Plain Text (.txt). Often looks like: 

Any older version of Word, e.g. Word 1997 – 2003. Often looks like: 

Macro Enabled Documents: Microsoft Word Macro-Enabled Template (.dotm). Often looks like: 

The list goes on. Only thing you really need to worry about is to send the file as a Word Document as above.

Section 5 - How do I Convert Files?

With the document open, hit File > Save As > [choose save location] > [either leave or change file name].

At the bottom of the save window, change the file Save as Type to:



Section 6 - Can I Send the Referral as a PDF or an image file (e.g. jpeg, bitmap, png, etc)?

Unfortunately, no. The file is saved onto our OneDrive for clinicians to triage. They need to be able to edit the document to inform the office staff and treating clinicians of the triage outcome. We cannot edit PDF or image files.

Section 7 - Why Can’t I Send a Protected Document?

We simply cannot edit it. This can include simple edit protection or password protection. If you send documents with either of these enabled, we cannot edit the document and time will be wasted sending back to you.

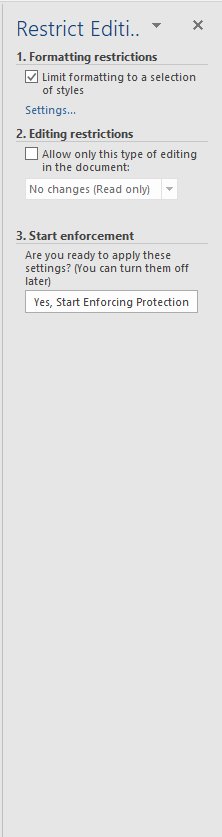
To identify if there is any protection on the document, hit the Review tab:



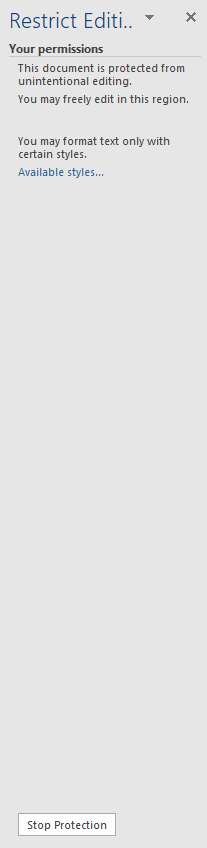
Then Restrict Editing:



If the ribbon which pops up on the right of the window look like this, your file isn't protected:



If it looks something like this, the document is protected:



The wording will change depending on restrictions set. However, at the bottom of the ribbon there will a Stop Protection button:



Hit Stop Protection, then enter the password if applicable. This will remove protection.

Section 8 - What do I Need to Submit with the Podiatry Referral Form?

Please ensure the form is completely filled in with all contact details of the patient and the referrer. Please give all requested clinical information. Please insert into the form a medical summary and a list of medication. Please insert into the form any other information required for the assessment and/or treatment of the patient.