

Cornwall Podiatry Service Referral Form

Office use only			
Date triaged by Podiatrist		Acknowledgement letter sent	
Clinic		Podiatrist's signature	

The Podiatry Service provides an assessment and treatment service for the population of Cornwall and the Isles of Scilly. This form cannot be processed **unless completed in full on both sides**. Details of the foot problem, medical history and a list of current medication must be clearly stated below. **Please use black ink only.**

Surname	Title
Forenames	Gender
Address	Date of Birth
	Telephone
	Ethnicity
Postcode	NHS Number
Name and address of GP	
Reason for referral	
Referral from GP or healthcare professional	<input type="checkbox"/>
Diabetic check	<input type="checkbox"/>
New patient assessment	<input type="checkbox"/>
Biomechanical assessment	<input type="checkbox"/>
Other (Please specify)	<input type="checkbox"/>
Foot / lower limb problem	
Significant medical history	

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Medication	
Additional Information <input type="checkbox"/> Learning disabilities – named contact email for liaison <input type="checkbox"/> Any further requirements please detail below (for example: transport, days unavailable to attend, translation services)	
Signature	Print name
Relationship to applicant	
Date of referral	

Once completed, please forward this form to cft.cornwallpodiatryreferrals@nhs.net or the Podiatry Office below:

- Truro Health Park, Infirmary Hill, Truro, TR1 2JA.
Telephone: 01872 221435.

Ethnicity Options:	
Code	CRF
A	White British
B	White Irish
C	Any Other White Background
CD	Cornish
D	Mixed White and Black Caribbean
E	Mixed White and Black African
F	Mixed White and Asian
G	Any other mixed background
H	Asian – Asian British Indian
J	Asian – Asian British Pakistan
K	Asian – Asian British Bangladesh
L	Any other Asian background
M	Black – Black British Caribbean
N	Black – Black British African
P	Any other black background
R	Chinese
S	Any other ethnic group
Y	Not known
Z	Not stated