

Podiatry referral

CNWL Camden

Title
Forename
Surname
Address
Phone numbers

Date of referral
NHS number
Date of birth
First language
Is an interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the person housebound? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the person have a learning disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the person have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which? _____

Monitoring information for the person being referred. *Why are we asking this? See foot of page for explanation**

Ethnicity

White

- British
- Irish
- Other white

Mixed

- White & black Caribbean .
- White & black African
- White & Asian
- Other mixed

Asian or British Asian

- Indian
- Pakistani
- Bangladeshi
- Other Asian

Black or black British

- Caribbean
- African
- Other black

Chinese

Arab

Any other ethnic group:

.....

Religion/faith

None/Athiest

Agnostic

Church of England

Orthodox Christian

Roman Catholic

Other Christian

Sikh

Jewish

Bhuddist

Hindu

Muslim

Jehova's Witness

Parsi/Zoroastrian

Rastafarian

Any other faith group:

.....

Does the person consider themselves to have a disability?

No

Yes

Gender

Female

Male

Sexual orientation

Heterosexual/straight

Gay man

Gay woman/lesbian

Bisexual

Other

Rather not disclose

Response for sexual orientation is not required if the person being referred is a child.

*Why are we asking for this monitoring information?

CNWL Camden Podiatry is a service of Central and North West London NHS Foundation Trust. The Trust has a legal responsibility to pay due regard to eliminating discrimination, advancing equality of opportunity and fostering good relations between people of different groups. To help us to do this, it is important we have a

good understanding of how our services are received. With up-to-date and accurate information we are able to better:

- Understand our service users and shape the Trust's services to meet their specific needs.
- Identify and tackle any issues different people may have when accessing services.

- Ensure that people who need our services the most are able to access them.

Your replies will not be used in a way that identifies you however they will help us to understand how community needs may vary. They help us make informed decisions on how we develop services and target resources.

GP Name

GP Practice

If this referral is being made by someone other than the GP then please supply your name, your role and organization.

Phone number

Name, address and phone number of carer or next of kin

Category for this referral

Corns/callus

Ingrown nail

Biomechanical assessment

Nail cutting

URGENT - 48 hours
(ulcer, infected nail, bleeding)

Reason for this podiatry referral*

* Nail cutting is not provided to people with low medical risk. Please see our eligibility criterial

Does the person have diabetes?

No

Yes. Type 1

Yes. Type 2

Medications list (or attach a separate sheet)

Medical history

Any other information

Please send to: Podiatry
CNWL Camden
Peckwater Centre
6 Peckwater Street
London, NW5 2UP

email: camden.podiatry@nhs.net
phone: 020 7685 5601
web: www.cnwl.nhs.uk