

PRIVATE & CONFIDENTIAL  
**FOOT-CARE REFERRAL FORM**

Surname		First name		DOB							
Address				Post Code							
Tel No		Diabetic? YES <input type="checkbox"/> NO <input type="checkbox"/> <b>If yes, please complete section overleaf</b>		Referral Date							
Emergency Contact Details: (Name and Telephone)											
Relationship to you _____				Do you have a carer? YES <input type="checkbox"/> NO <input type="checkbox"/>							
<b>Reason for request</b> (please tick as appropriate)											
Physical disability	<input type="checkbox"/>	Impaired eyesight	<input type="checkbox"/>	Stiff joints	<input type="checkbox"/>						
Unable to bend	<input type="checkbox"/>	Simple thick nails	<input type="checkbox"/>	History of Falls	<input type="checkbox"/>						
Other, please specify:											
Are you taking any medication e.g., Warfarin?											
Where did you hear about our service?											
<p align="center"><b>General Information</b></p> <p>There is a one-off charge of £30 for the initial appointment (£15 of this is for your own personal Footcare kit)          After this point appointments will be charged at £15 per session and clients are required to bring their footcare kit to each session.</p> <p align="center">Please contact us or tick below if you would like further information          on the range of services Age UK North Worcestershire offers:</p> <table> <tr> <td>Information &amp; Advice <input type="checkbox"/></td> <td>Benefits check <input type="checkbox"/></td> <td>Telephone Support <input type="checkbox"/></td> </tr> <tr> <td>At Home Service <input type="checkbox"/></td> <td>Befriending <input type="checkbox"/></td> <td>Computer Classes <input type="checkbox"/></td> </tr> </table> <p>General Data Protection Regulations (May 2018) - Names and addresses will be kept on Age UK North Worcestershire files and will always remain confidential.</p>						Information & Advice <input type="checkbox"/>	Benefits check <input type="checkbox"/>	Telephone Support <input type="checkbox"/>	At Home Service <input type="checkbox"/>	Befriending <input type="checkbox"/>	Computer Classes <input type="checkbox"/>
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At Home Service <input type="checkbox"/>	Befriending <input type="checkbox"/>	Computer Classes <input type="checkbox"/>									

**Client Consent**

I consent to my information being shared on a need-to-know basis with other healthcare professionals as they consider appropriate to my best interests:

Client Signature: \_\_\_\_\_ Print name: \_\_\_\_\_

**OR** if not present, referrer to sign that verbal consent has been given by the patient:

**IMPORTANT: Please complete information on the reverse of this page**

### Information for Referrers

Our Foot care assistants follow the joint guidelines of the Society of Chiropodists and Podiatrists and Age UK England. They will confine their work to simple nail-cutting such as the patient would do themselves if they were not prevented from doing so by such things as arthritis or failing eyesight. Constraints for nail-cutting are:

1. deformed, abnormal nails
2. patients with a history of in growing toenails which are likely to give further trouble
3. potentially compromised circulation of the feet e.g., ulcers or peripheral vascular disease
4. patients with skin conditions affecting the feet
5. patients on treatment for diabetes or hypothyroidism where they are at medium or high risk
6. patients receiving steroids or immune suppressive
7. severe foot deformities restricting access to the nails
8. patients with generalised foot pain who will need more extensive evaluation and treatment

I am satisfied that this patient does not have any of the conditions outlined above and is suitable for Age UK nail cutting.

Practice Stamp/address

GP/Nurse/Podiatrist signature:

\_\_\_\_\_

Date: \_\_\_\_\_

### Diabetic Patients

1. Patients with diabetes may be treated provided that:
  - a. Their blood glucose levels are stable and that they have no known complications of diabetes e.g.: ischaemia, neuropathy, signs of infection or any history of ulceration.
2. All diabetic patients must be assessed by a G.P prior to acceptance on to this scheme, to ensure that they are low risk and have none of the complications in part 1 above.
3. Any change from low-risk status must be reported to Age UK North Worcestershire without delay
4. The disclaimer below must be signed before a diabetic patient can be accepted on the scheme

#### To be completed by G.P

☐ I confirm that the patient named on the referral form is not suffering from diabetes other than low risk well managed diabetes with no peripheral vascular disease evident

G.P Signature \_\_\_\_\_ Print Name \_\_\_\_\_

**Please return completed form to Age UK North Worcestershire,  
51 Windsor Street, Bromsgrove, Worcs, B60 2BJ  
Tel No: 01527 871840**