**Prince of Wales Hospital Diabetes Centre**

Podiatry: High Level & Complex Diabetic Foot Care

**FAX to 9382 4612**

**Phone Enquires to 9382 4600**

**Referral Date:**

Please note: The High Level Care Podiatry Service is only for patients who have diabetes. This service **does not** accept referrals for basic nail or foot care for people with or without diabetes.

To: Dr Ann Poynten, Dr Barbara DepczynskI, Dr Kerry-Lee Milner, Ms Jayne McGreal

Patient has ONE of the following Other services currently involved in patient’s care

|  |  |
| --- | --- |
|  | Vascular Team |
|  | Orthopaedic Team |
|  | Infectious Disease team |
|  | Hyperbaric Medicine |
|  | Community Nursing |
|  | Orthotic Department |
|  | Post-Acute Care Services |
|  | Transitional Aged Care |
|  | Podiatrist |
|  | Other: |

|  |  |
| --- | --- |
|  | Current Foot ulcer |
|  | Previous Foot Ulcer |
|  | Previous Diabetes related amputation |
|  | Neuroarthropathy “Charcot’s” Joint |
|  | Suspected Neuroarthropathy |

OR

Patient has TWO of the following

|  |
| --- |
| Peripheral Neuropathy |
| Peripheral Vascular |
| Foot Problems such as callus, corn, toenail pathology, foot structure problems (please describe below) |

|  |  |
| --- | --- |
| Reason for Referral | Type of Diabetes |
| Patient’s Weight: | Patient’s HbA1c: |
| Indefinite referral: Yes /No |  |

This referral extends to include review in the Multidisciplinary Diabetes Foot Clinic referral in POWH Ambulatory Care Unit if indicated <Yes No>

**Referring GP Information:**

|  |  |
| --- | --- |
| Name:  Address: | Provider:  Phone:  Fax:  Email: |

Patient Information

|  |  |
| --- | --- |
| Name: | Gender : |
| Country of Birth: | Date of Birth |
| Address: | |  | | --- | | Home Phone: | | Work Phone: | | Mobile: | | Email | |
| Medicare Number | Pension Number |
| DVA Number | Health Insurer |

|  |  |  |  |
| --- | --- | --- | --- |
| Interpreter Required | Yes / No | Language |  |
| Patient Consent |  | Aboriginal or TSI |  |

Clinical Information:

|  |
| --- |
| Past Medical History: |
|  |
| Allergies: |

|  |  |  |  |
| --- | --- | --- | --- |
| Current Medications: | | | |
| Investigations (HbA1C, Biochemistry & FBC) | | | |
| Social History: | | | |
| **GP Signature** |  | **Date** |  |