

How long have you had this complaint?	
Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/>	
Are the symptoms worsening? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you off work or unable to care for dependant because of this problem?	
Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
GENERAL HEALTH	
Please tick if you have any of the following:	
Diabetes <input type="checkbox"/>	Stroke <input type="checkbox"/>
Poor circulation <input type="checkbox"/>	Heart disease <input type="checkbox"/>
Rheumatoid arthritis <input type="checkbox"/>	Eczema/psoriasis <input type="checkbox"/>
Foot/Leg amputation <input type="checkbox"/>	Foot/Leg ulcers <input type="checkbox"/>
MEDICATIONS	
Please list all medications/tablets you are taking (please attach additional sheet if more space required):	
FOOT HEALTH	
Please tick if you suffer from any of the following:	
Infection or ulcer <input type="checkbox"/>	Heel Pain <input type="checkbox"/>
Ingrowing toenail <input type="checkbox"/>	Pain on walking <input type="checkbox"/>
Painful corns <input type="checkbox"/>	Verrucae <input type="checkbox"/>
Thickened nails <input type="checkbox"/>	Joint pain in feet <input type="checkbox"/>

DO YOU NEED PODIATRY?
 A guide to self-referral to the Podiatry Service



Our service aims to maintain and promote good foot health in the population of Islington, in order to help sustain mobility, independence and reduce pain.

We strive to provide an accessible and equitable high quality service, which listens and responds to the needs of its users.

DO YOU NEED PODIATRY?

Podiatrists assess and treat problems of the foot and ankle. If you are an Islington resident with foot problems you can now self-refer to the Podiatry Service without seeing your GP or other health care professional.

HOW DO YOU SELF-REFER?

Please complete the attached self-referral form in as much detail as possible and either post or email to the Podiatry Service.

WHAT WILL HAPPEN NEXT?

- ~ A podiatrist will look at your form and see whether you need a podiatry assessment
- ~ You will then receive a letter inviting you to call our service to book an appointment
- ~ At this first appointment the podiatrist will assess your medical history as well as your foot complaint
- ~ Using this information the podiatrist will determine your clinical need and put together an agreed treatment care plan with you
- ~ Please note: Our service aims to educate patients in self care in order to maintain independence and mobility therefore you may not be offered ongoing Podiatry treatment

WHAT TYPES OF TREATMENTS DOES OUR PODIATRY SERVICE OFFER?

Treatment of foot pain

Podiatrist can help diagnose your foot pain by assessing your foot structure and the way you walk. We treat conditions such as Heel pain, Arch pain, Bunions.

Treatment of the high risk foot

Podiatrists play an important role in reducing risk of foot problems due to Diabetes, poor circulation or Rheumatoid arthritis. These patients can be at risk of foot ulcers, infection and possible amputation therefore take priority over low-risk patients.

Treatment of skin & nail conditions of the foot

The podiatrist can provide this care to eligible patients, based on a clinical need, to facilitate mobility. This includes treatment of problems such as corns, Verruca or ingrown nails.

Specialist Podiatry services

- ~ Toenail surgery
- ~ Radiosurgery
- ~ Injection therapy
- ~ Biomechanical assessment/ innersoles

PODIATRY SELF REFERRAL FORM

Please complete both sides of this form and post OR email to:

Post: Administrative Referral Team – Islington (ARTI)
Ground Floor, 338-346 Goswell Rd
London EC1V 7LQ

Fax: 0844 7746419

Email: arti.centralbooking@nhs.net

(Electronic version of this form can be found at:
www.islington.nhs.uk/podiatry.htm)

NHS NUMBER (if known):		Today's Date
Title: Mr/Mrs/Miss/Ms	First Name:	Surname:
Address:		Postcode:
Home Phone no:	Work phone no:	Mobile Phone no:
GP name and Practice:		DOB:
First Language	Ethnicity	
Do you require an interpreter? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you house bound? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Please give a brief description of why you need a foot assessment:		