

LAMBETH COMMUNITY PODIATRY REFERRAL FORM

PATIENT SELF REFERRAL OR REFERRAL BY HEALTH PROFESSIONAL

DATE OF REFERRAL

...../...../.....
MM/DD/YYYY

Patient Self Referral

Please complete **Sections 1 - 4** and follow instructions

Health Professional Referral

Please complete **ALL Sections** and email to:

Gst-tr.ReferralsAdultCustomerservice@nhs.net

- If e-mail is not available, fax to: 0203 049 6361 / 6362

- Lambeth Home visit fax: 0203 049 4785

1. PATIENT INFORMATION - Please complete in BLOCK CAPITALS

SURNAME:	NHS Number (if known):
FIRST NAME:	D.O.B. (MM/DD/YYYY)
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	First language:
Address:	Home Telephone:
Post Code:	Mobile No.:
Interpreter required? <input type="checkbox"/> NO <input type="checkbox"/> YES	Housebound? <input type="checkbox"/> NO <input type="checkbox"/> YES
Please state language:	Reason:
Who is the referrer?	Contact name (if not patient or GP):
<input type="checkbox"/> Self (Patient) <input type="checkbox"/> GP	Address:
<input type="checkbox"/> District Nurse <input type="checkbox"/> Other	Tel:

Please indicate your Ethnicity Origin. (Please tick) ✓

White- British <input type="checkbox"/>	Mixed- White & Black African <input type="checkbox"/>	Asian/Asian British-Pakistani <input type="checkbox"/>	Black or Black British-African <input type="checkbox"/>
White – Irish <input type="checkbox"/>	Mixed- White & Asian <input type="checkbox"/>	Asian/Asian British-Bangladeshi <input type="checkbox"/>	Black or Black British-Other <input type="checkbox"/>
White –Other <input type="checkbox"/>	Mixed- (Other mixed) <input type="checkbox"/>	Asian/Asian British-(Other) <input type="checkbox"/>	Other Ethnic Group-Chinese <input type="checkbox"/>
Mixed-White& Black Caribbean <input type="checkbox"/>	Asian/Asian British-Indian <input type="checkbox"/>	Black or Black British -Caribbean <input type="checkbox"/>	Other Ethnic Group- <input type="checkbox"/>

I do not wish to disclose my ethnic background

2. PRACTICE INFORMATION

GP Name:	GP Code (if known):
Practice Address:	Post Code:
	Telephone number:

3. DETAILS OF THE FOOT PROBLEM

Please describe the foot problem: (If **urgent** please see following urgent clinic details)

Has your GP or nurse asked you to refer yourself for a routine foot check?

NO YES

Do you have diabetes?

NO YES

Who looks after your diabetes?

GP Hospital Community Team

4. INSTRUCTIONS FOR PATIENT SELF- REFERRAL

1) NON-URGENT FOOT PROBLEM: Please select preferred clinic and take the completed form to one of the clinics listed below anytime between 9am to 5pm. Or you can post to Akerman Health Centre, 60 Patmos Road, London SW9 6AF. **You will not be treated on that day, but later contacted via post to make an appointment.**

2) URGENT FOOT PROBLEM: If you think your foot problem is **URGENT e.g. bleeding, swelling, infection or sudden pain**. Please attend one of the Urgent Clinic Hours listed below; if outside these hours please contact Customer services at Akerman Health Centre on Tel: 0203 049 4040 who can direct you to the nearest clinic for assistance. If housebound please contact: 0203 049 5371.

You may have to wait when you go to the urgent clinic. The podiatrist may assess and advise only. Treatment is not guaranteed.

Clinic Locations and Urgent Clinic Hours:

Clinic	Address	Telephone	NON-URGENT Preferred clinic <i>Please tick</i>	URGENT CLINIC HOURS
Manor Health Centre	86 Clapham Manor St Clapham SW4 6EB	0203 049 56 00	<input type="checkbox"/>	Monday 1:20pm - 3:40pm
Gracefield Gardens	2-8 Gracefield Gardens Streatham SW16 2ST	0203 049 50 30	<input type="checkbox"/>	Tuesday 1:20pm-3:40pm
Elmcourt	214-218 Norwood Road Norwood SE27 9AW	0203 049 57 00	<input type="checkbox"/>	Wednesday 11:10am - 12:30pm
Moffat Health Centre	65 Sancroft Street Kennington SE11 5NG	0203 049 5210	<input type="checkbox"/>	Thursday 2:20pm - 3:40pm
Mawbey Brough Health Centre	39 Wilcox Close Vauxhall SW8 2UD	0203 049 68 00	<input type="checkbox"/>	Friday 1:20pm - 3:40pm
Akerman Health Centre	60 Patmos Road Brixton SW9 6AF	0203 049 4040	<input type="checkbox"/>	
Pulross Centre	47a Pulross Road Brixton SW9 8AE	0203 049 5500	<input type="checkbox"/>	
Whittington Centre	11-13 Rutford Road Streatham SW16 2DQ	0203 049 5320	<input type="checkbox"/>	
LCCC	Monkton Street Kennington SE11 4TX	0203 049 6910	<input type="checkbox"/>	

Please Post Non-urgent referrals to:

Customer Services (Foot Health)
Akerman Health Centre
60 Patmos Road, Brixton
London, SW9 6AF

Tel: 0203 049 4040
Fax 0203 049 6361/6362

Please Post Home visit referrals to:

Foot Health
3rd Floor Offices
2-8 Gracefield Gardens, Streatham
London, SW16 2ST

Tel: 0203 049 5371
Fax: 0203 049 4785