

Surname:

First Name:

Hospital Number:

NHS Number:

Diabetic Foot Multidisciplinary Team Referral Form

Any patient with diabetes who develops any of the following lower limb presentations must be referred to the Diabetic Foot MDT

within 24 hours:

New Foot Ulceration +/- Infection

Suspected Charcot Arthropathy

Suspected Lower Limb Osteomyelitis

Notes:

- Patients with Acute/Critical Limb Ischaemia should be referred to the Surgical Assessment unit by telephone: **01752 245060**
- Patients with acute infection with systemic symptoms should be referred to the Medical Assessment Unit by telephone: **01752 245065**

Patient Details		
Patient Name		Address
Date of Birth		
NHS Number		
Telephone	Home:	Mobile:
GP Name and Address		
Special Considerations for this patient, e.g. Language, transport etc.		
Patient Verbal Consent for referral Obtained: YES/ NO. If 'no', state why:		
Referrer Address and Telephone Number:		
Referrer Name Printed:		Referrer Signature:
Designation Printed:		Date and Time of referral:



Surname:

First Name:

Hospital Number:

NHS Number:

Patient Name		NHS Number	
Problem Details including current treatment modalities			
Current Medication- Repeat and Acute- Attaching a printout is acceptable			
Medical History, including last HbA1c (if known)- Attaching a printout is acceptable			
Smoking Status	Non Smoker	Ex-smoker	Current smoker
Vascular History- X all that apply			
Rest Pain	Claudication	Necrosis	Known to Vascular Team
Previous Duplex	ABPI	Left	Right Not known
Other Investigations regarding current problem- X all that apply			
X-ray	Microbiology	Ultrasound	MRI CT
Referrer Name Printed:		Referrer Signature:	
Designation Printed:		Date and Time of referral:	

This referral form must be submitted within 24 hours via email:
plh-tr.MultiDisciplinaryPodiatry@nhs.net

If you are unable to send via email, please post to:
Diabetes Centre, Level 6, Derriford Hospital, Plymouth.
Faxes can only be used in emergency situations (01752 517712)