Ipswich Diabetic Foot Unit referral form

Patient Details: Mr Mrs Miss Ms
Surname dob
Forename
Address

Tel
GP Surgery

Referred by: GP Date: _ _/ _ _ / _ _
Practice Nurse
District Nurse
Podiatrist
Other …….
NHS Number
or
Hosp Number

Diabetes Managed by: G.P. □ Diabetes Centre □

Diabetes Type: Type 1 □ Type 2 □ Type2 I/T □

Medication (or prescription list)

Reason for referral:
□ New ulcer
□ Non-healing ulcer
□ Un-resolving infection
□ Other: ……

Previous foot clinic pt : yes no

Urgency of referral
V urgent □ (same or next day)
Urgent □ (next clinic)
Routine □ (≥2 weeks)

Ulcer details:
Location(s)
Duration
Cause
Treated by
Comments

Comments / further information

Signed: Date:
Name : Designation: