

**THE ROTHERHAM NHS FOUNDATION TRUST
DEPARTMENT OF PODIATRY – ROTHERHAM COMMUNITY HEALTH CENTRE
RAPID ACCESS REFERRAL
TO BE COMPLETED BY A GENERAL PRACTITIONER OR REGISTERED HEALTHCARE PROFESSIONAL
FOR THE REFERRAL OF ACUTE INGROWING TOENAILS AND FOOT ULCERATION ONLY**

Surname: _____ Forename(s): _____ DOB: _____ Address: _____ _____ Postcode: _____ Tel: Home: _____ Work: _____ Mobile: _____ Can the patient be contacted at work? Y/N	GP Name: _____ Address: _____ _____ Postcode: _____ Tel: _____ Patient NHS No: _____
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Reason for referral:

- Acute ingrowing toe nail
- Foot Ulceration

**Please note: DIABETIC foot ulcerations should be referred urgently to the Diabetes Foot Clinic
Tel: 01709 427910 Fax: 01709 427911**

Medical History: _____

Any known allergies or contraindications: _____

Current Medication – including antibiotic therapy:

If Diabetic date and result of last HbA1c: _____

Comments: _____

Signed by referring GP/Healthcare Professional: _____
Print Name: _____ **Designation:** _____
Date: _____

Please fax this referral form to Podiatry Triage 01709 423201 and the patient will be contacted with an appropriate podiatry appointment