

Footwear Referral Form

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Patient Details: Name/Address/DOB & NHS Number	Date of referral Referrer <i>(please print name)</i> Referring Clinic GP GP Practice Outpatient?
Diagnosis	
Musculoskeletal/Functional Problems	
Risk factors <i>Sensation</i> <i>Circulation</i> <i>Neuropathy</i> <i>Previous ulceration</i> <i>Callus</i>	
Current footwear <i>Appropriate, if not why?</i> <i>Information issued on footwear?</i>	
Other relevant information <i>Pain, life limiting condition, activity level</i>	
Is the patient receiving or awaiting other treatment? <i>Podiatry, frequency?</i> <i>Is felt padding temporary / permanent?</i>	
Is there a clinical reason for this patient to be seen urgently?	
Referrer Signature	Referrer contact details
Follow Up: Podiatry dept. to follow up: Y/N Frequency:	
Orthotics dept. to follow up Y/N	

Please complete all relevant information.

Incomplete or illegible forms will be returned to the referrer for more information.

Please return form to the Orthotics Department, Tebbit Centre, Nuffield Orthopaedic Centre, Oxford, OX3 7HE

Version 2015 1.0