

Peninsula Health
Podiatry Department

UR NUMBER

SURNAME

GIVEN NAMES

DATE OF BIRTH

Please fill in if no Patient Label available App.9/5/19 Print Code:15983

**REFERRAL
HIGH RISK FOOT CLINIC
AND CARE PLAN**

Fax this Referral to: 03 9788 1873

Date Faxed:/...../.....

Eligibility Criteria

Referral to

Non Healing Foot/Ankle Wound (> 4 weeks with no reduction in size or depth)

Vascular Consultant: Mr Justin Jedynak

Acute Ulceration with severe infection (cellulitis / osteomyelitis)

Endocrinology Consultant: Dr. Stella Sarlos

Active Charcot Foot

Orthopedic Consultant: Dr. Amy Touzell

Lower Limb Peripheral Arterial Disease with foot ulceration

Incomplete referrals will not be accepted and are likely to be prioritised incorrectly.

Does patient have access to transport to attend appointment? Yes / No *Please note transport is not available for this clinic

Is patient ambulant and able to transfer independently or with assistance? Yes / No

Does this patient receive active care from a Vascular / Endocrinologist / Orthopedic specialist? Yes / No

Patient ID:

Name: DOB:

Address: Post Code:

Contact number: Next of Kin Name & Number:

General Practitioner: Clinic Name:

Foot Pathology Summary:

Charcot Suspected / Confirmed: Duration:

Ulcer/s Location: Duration:

Aetiology: Doppler / Toe Pressure results:

Current Dressing Regime:

Current Pressure Offloading Regime:

Medical history, surgical and medication: (Please attach Medical History to referral)

Type 1 Diabetes (HbA 1 c) Type 2 Diabetes (HbA1c) PAD Charcot Foot

Peripheral Neuropathy Rheumatoid Arthritis Previous Amputation

Current Smoker Ex-Smoker ESRF - Dialysis (days)

Other

Pathology/Radiology Results (Please Include all results related to foot/ankle wound)

X-Ray MRI Wound Swab Doppler (Arterial)

Referrer Details

Signature: Print Name: Provider Number

General Practitioner Medical Specialist Peninsula Health doctor (team).....
(please specify speciality) (please specify)

Please note that the High Risk Foot Clinic requires a Medical Practitioners referral. If this patient is under active care with a vascular consultant this referral will not be accepted without phone discussion

**Please complete next page if the patient you are referring
is a current / recent Peninsula Health inpatient**



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Please complete for inpatient discharges only:



Admission Reason

Past History

Case Synopsis

Discharge Dressings

Discharge Antibiotics
Wound / tissue m / c / s
Inpatient Infectious Disease Review

Inpatient Endocrinology Review

Inpatient Podiatry Review