



NEW ENGLAND DIVISION OF GENERAL PRACTICE

**RPHS Diabetes Podiatry Service
Referral Form**

**Referral to: New England Foot Clinic
Suite 3, 224 Rusden Street
Armidale NSW 2350
Phone: 6772 0725**

**GPs: Hand this referral to
the patient**

This service is for people with **Diabetes who have high-risk feet** and a **Pension/Health Care card** or for people with **very high-risk feet (i.e. foot ulcers or amputees)** and a **Pension/Health Care card as assessed by the Podiatrist**. This referral is for **assessment only**. If the podiatrist assesses the feet to be of a risk assessment level 2 or higher, ongoing treatment will be available at the podiatrist's discretion for 12 months only.

(Non-urgent cases to be referred to NEAHS {Community Health} Podiatry Service)

Depart. Veteran Affairs, Workers Comp, and Third Party patients are NOT eligible for referral to this program.

PATIENT DETAILS

Name _____ DOB _____ Male / Female

Address _____ Phone _____

Parent / Guardian Names (if client is under 18 years of age) _____

Pension / Health Care card No: _____

Are you of Aboriginal or Torres Strait Islander origin? Yes No

Reason for Referral: _____

Medical History

Diabetes Arthritis CVD Asthma

PVD Anticoagulants Other _____

Allergies _____

Medications _____

WOULD YOU LIKE A WRITTEN REPORT? YES NO

Referring GP _____ Date _____