



NEW ENGLAND DIVISION OF GENERAL PRACTICE

**RPHS Podiatry Service
Referral Form for Inverell**

Referral to: Sole Solutions Foot Care
Shop 2 145 Otho St.
Inverell, 2360
For bookings and enquiries phone: 67214466

GPs: Hand this referral to the patient

This service has been made available through the Rural Primary Health Services Program.

*This service is free for **Health Care and Pension cardholders** and **diabetics with high-risk feet who are in need of urgent treatment.***

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

DVA, Workers Comp, and privately insured patients are NOT eligible for referral under this program.

PATIENT DETAILS

Name _____ DOB _____ Male / Female

Address _____ Phone _____

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

Health/Pension card 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 _____

