



DGSS Adult Community Service Referral Form

Please complete all sections of the referral form and submit to VCL.DGSS-CCC@nhs.net, the Care Coordination Centre telephone number is 0300 247 0400. **Please note incomplete referrals will not be accepted and returned to the referrer.**

DGS and Swale Services		DGS Services ONLY	
Community Nursing Service	☐	Community Neuro Rehab Service	☐
Community Matrons Service	☐	Early Supported Discharge Service (ESD)	☐
Community Phlebotomy Service	☐	Falls Service	☐
Continence Service	☐	Heart Failure Service	☐
Diabetes Service	☐		
Intermediate Care Service (Home Based Therapy)	☐	Swale Services ONLY	
MDT Co-ordination Service	☐	Cardiac Service	☐
Oxygen Service	☐	Long Term Conditions - Community Neuro Rehab Service	☐
Podiatry Service	☒	Pulmonary Rehab Service	☐
Rapid Response Service (same day)	☐	Wound Medicine Centre Service	☐
Respiratory Service	☐		
Speech and Language Therapy Service	☐		
Tissue Viability Service	☐		
Urgent Community 2 Hour Rapid Response and D2A (Admission Avoidance) Service	☐		

NHS Confidential: Personal Data about a patient

D.o.B:

24-May-1967

NHS Number:

400 067 0514

Patient Details	
Surname:	Margery
Title:	Miss
Forename:	Katrina
Date of Birth:	24-May-1967
Known as:	Sex: F
	Ethnicity: English - ethnic category 2001 census
Address:	1 Wing House Wing Road Leysdown-On-Sea, Sheerness Kent ME12 4QR
First Language:	
Home Telephone Number:	
Mobile:	07484 257634
NHS Number:	400 067 0514
GP Information	
GP Surgery:	GP Telephone Number:
GP Name:	OGUNNOWO, Temitope (Dr)
GP Email:	
Next of Kin	
Next of Kin Name:	Relationship to patient:
Next of Kin Contact Number:	Other Contact details:

Patient Information	
Has consent been obtained for this referral? Please detail 3 rd party consent if applicable.	YES ☒ NO ☐
Are there any safeguarding concerns that you are aware of?	YES ☐ NO ☒
Does the patient have any communications needs for spoken communication?	YES ☐ NO ☒
Does the patient have any communication needs for written communication?	YES ☐ NO ☒
Has the patient expressed a preferred method of contact?	YES ☒ NO ☐ (if Yes please specify) telephone
Is the patient able to attend a clinic appointment?	YES ☒ NO ☐ (if Yes please specify)
Do we need to contact you regarding access or Key Safe details?	YES ☐ NO ☒
Are there any alerts relating to this patient?	YES ☐ NO ☐

Social Care arrangements:	
Lives alone in own home independently	☐ Long term nursing care ☐
Lives with family / spouse with no formal care	☒ Warden controlled accommodation ☐
Lives in own home with care package in place	☐ Currently inpatient in acute / community bed ☐
Long term residential care	☐

Referral Information	
Reason for Referral (specific details): Ingrowing great toenail bilateral worsening with bleeding and pain - please provide further assessment and advice on further management	
Diagnosis:	
Known Allergies:	
Relevant clinical Information: Summary Care Record: attached	
Yes	☒
No	☐
Current Medications: Medication List: attached	
Yes	☒
No	☐
Infection Status (Current and historic), incl. MRSA:	
Pressure Ulcer:	
Yes	☐
No	☐
Please attach copy of the summary care record / list of current medications for the last three months to this referral.	
Please share results of investigations/procedures, scans and any microbiological information or signs of infection where appropriate.	

Referrer Details:	
Referrer Name: OTA, Uchenna (Dr)	Referrer's Telephone Number: 01795 582880
Referrer Designation: GP	Referrer's Email Address: stgeorges.surgery1@nhs.net
Referrer Organisation: St Georges Medical Centre St Georges Medical Centre 55 St George's Avenue Sheerness Kent ME12 1QU	Date of Referral: 22-Jan-2024

Additional Information Required:

Podiatry DGSS - Referral Reason					
Anticoagulant therapy	☐	Health Education	☐	Pathological Nail Care	☐
Biomechanical Assessment	☐	Immunosuppressed	☐	Peripheral Neuropathy	☐
Corns / Callous	☐	Ingrowing toenail / infection	☒	Peripheral Vascular Disease	☐
Diabetes NICE Foot Risk Category:	☐	MSK / Biomechanical assessment	☐	Podiatric Surgery Assessment	☐
Foot Ulceration/Pressure sore Category:	☐	Nail Surgery Assessment	☒	Rheumatoid Arthritis	☐
Foot wound	☐	Pain	☒	Serious neglect (short term)	☐

Past Medical History**Significant Active Problems**

COPD - Chronic obstructive pulmonary disease (clinical evidence - see ltr) 02/03/2023

Osteopenia (of the hip) 19/07/2022

Did not attend - no reason (for respiratory clinic) 04/10/2011

Notes summary on computer 11/11/2005

Asthma 24/04/2003

Significant Past Problems

Acute exacerbation of asthma 05/02/2022

Mixed anxiety and depressive disorder 25/09/2020

Did not attend - no reason (for appt with nurse) 01/07/2010

Diagnostic endoscopic examination of knee joint 31/07/2003

Internal bone fixation NOS (PISIFORM BONE RT HA Other Telephone) 20/10/1998

Deep venous thrombosis (h/o - see ltr 21/7/21) 30/12/1899

Medication**Acute**

Showing data for period 01-Oct-2023 to current.

Pregabalin 50mg capsules - One To Be Taken Twice A Day, 56 capsule Last Issued: 11/12/2023

Salbutamol 2.5mg/2.5ml nebuliser liquid unit dose vials - One Dose To Be Inhaled two to four Times A Day When

Required as advised by the hospital, 20 unit dose Last Issued: 19/01/2024

Comirnaty Original/Omicron BA.4-5 COVID-19 mRNA Vaccine 15micrograms/15micrograms/0.3ml dose dispersion for injection multidose vials (Pfizer Ltd) - 0.3 ml Intramuscular, 0.3 ml Last Issued: 22/09/2023

Esomeprazole 20mg gastro-resistant capsules - One To Be Taken Twice A Day, 56 capsule Last Issued: 04/10/2023

Miconazole 20mg/g oromucosal gel sugar free - 2.5 ml (1/2 measuring spoon) of gel, applied four times a day after meals, 15 gram Last Issued: 06/10/2023

Doxycycline 100mg capsules - Two To Be Taken On The First Day Then One To Be Taken Each Day STAND BY, 8 capsule Last Issued: 22/01/2024

Prednisolone 5mg gastro-resistant tablets - Six To Be Taken Each Day STAND BY, 30 tablet Last Issued: 22/01/2024

Fulium-D3 800unit capsules (Internis Pharmaceuticals Ltd) - ONE TO BE TAKEN TWICE A DAY, 120 capsule Last Issued: 24/10/2023

Esomeprazole 20mg gastro-resistant capsules - One To Be Taken Twice A Day, 56 capsule Last Issued: 01/12/2023

Co-codamol 30mg/500mg capsules - One Or Two To Be Taken Four Times A Day When Required Maximum 8 Capsules in 24 Hours. NOT TO BE USED WITH PARACETAMOL, 100 capsule Last Issued: 08/01/2024

Flucloxacillin 500mg capsules - One To Be Taken Four Times A Day, 28 capsule Last Issued: 22/01/2024

Prednisolone 5mg gastro-resistant tablets - Six To Be Taken Each Morning As A Single Dose, 42 tablet

Doxycycline 100mg capsules - Two To Be Taken On The First Day Then One To Be Taken Each Day, 8 capsule

Repeats

Showing data for period 01-Oct-2023 to current.

Betmiga 50mg modified-release tablets (Astellas Pharma Ltd) - One To Be Taken Each Day, 30 tablet Last Issued: 19/01/2024 [Current]

Salbutamol 100micrograms/dose inhaler CFC free - One Or Two Puffs To Be Inhaled Up To Four Times A Day, 1 x 200 dose Last Issued: 19/01/2024 [Current]

Trimbow 87micrograms/dose / 5micrograms/dose / 9micrograms/dose inhaler (Chiesi Ltd) - Two Puffs To Be Inhaled Twice A Day, 1 x 120 dose Last Issued: 19/01/2024 [Current]

Alendronic acid 70mg tablets - One To Be Taken On The Same Day Each Week. take with lots of water and stay upright for at least 30mins afterward, 4 tablet Last Issued: 12/12/2023 [Current]

Adcal-D3 chewable tablets tutti frutti (Kyowa Kirin International UK NewCo Ltd) - Two Chewable Tablets Per Day, Preferably One Tablet Each Morning And Evening, 56 tablet Last Issued: 24/10/2023 [Current]

Accessible Information Needs (AIS): No Data