

DGSS PODIATRY REFERRAL FORM

Title: Mr/Mrs/Ms/Miss Miss	Date of birth: 24-May-1967
	NHS No: 400 067 0514
ETHNICITY:	
Name: Katrina Margery	
Address: 1 Wing House Wing Road Leysdown-On-Sea Sheerness Kent ME12 4QR	Tel No: Home: Work: Mobile: 07851395901
G.P's name and address: DADA, Abimbola (Dr) St Georges Medical Centre, St Georges Avenue, Sheerness, Kent, ME12 1QU	
Referrer's name and address: Dr U Ota St Georges Medical Centre, St Georges Avenue, Sheerness, Kent, ME12 1QU Job title: GP	
Reason for referral / clinical signs and symptoms: Painful feet for 2 years difficuly walking, seen in wound clinic recently with elevated APBI readings of 1.3. Examination showed mild bunion both big toes globally tender feet from hindfoot to toes, no erythema or swelling. ?? hyperesthesia D pedis felt both feet.	

Relevant medical history and medication: attached	
Date of referral: <i>06-Oct-2017</i>	Signature: <i>Dr U Ota</i>

Return to: VCL.DGSS-podiatry@nhs.net