

Multidisciplinary Complex Foot Service Referral Form

DATE _____ **Discussed with:** _____

CLIENT DETAILS *(use patient sticker if available)*

First name:	Last name:	Gender:
Address:	Postcode:	
Phone number:	Date of birth:	UMRN:

RELEVANT MEDICAL/SOCIAL HISTORY

<input type="checkbox"/> T1DM	<input type="checkbox"/> T2DM	<input type="checkbox"/> PAD	<input type="checkbox"/> CVD	<input type="checkbox"/> CRF	<input type="checkbox"/> ESRF	<input type="checkbox"/>

REASON FOR REFERRAL

MAIN CONCERN Foot ulcer Foot infection Suspected Charcot Foot

DURATION <4 weeks 4 – 12 weeks >3 months Recurrent Ulcer

LEG AND FOOT PULSES – tick if palpable

DP R L **PT** R L **ABPI/TP** Left _____ Right _____

CURRENT TREATMENT (please complete SINBAD over page)





Wound care _____

Swab results _____

Antibiotics _____

Offloading _____

Please indicate areas of concern

RIGHT FOOT		LEFT FOOT	
			

MEDICAL/SURGICAL SPECIALISTS (please include name, specialty, public/private, current involvement, date of last and next appointment)

REFERRAL SOURCE DETAILS

GENERAL PRACTITIONER *(if not referral source)*

Name:	GP:
Title/designation:	Practice:
Practice:	
Phone number:	Phone number:
Fax:	Fax:

Send to: FAO Multidisciplinary Complex Foot Service

MI.referrals@sjog.org.au and CC: MI.podiatry@sjog.org.au Fax: 9462 5004

Please attach all medications, relevant Investigations, reports & results.

Please call 9462 4325, 94625332 / 94625005 to discuss urgent referrals (< 4/52)

(Please do not send referrals via CRS)

Multidisciplinary Complex Foot Service

Referral eligibility

Patient with complex medical needs presenting with either:

- A current foot ulcer, foot infection or non-healing amputation site
- Foot ulcers for MDT assessment and management
- Confirmed or suspected osteomyelitis (probe to bone, clinical suspicion or by imaging)
- Confirmed or suspected Charcot Neuro-arthropathy
 - hot, red swollen foot
 - in the presence of peripheral neuropathy with
 - minimal or no reported trauma +/- progressing deformity

Reason for referral: (tick all that apply)

1. Follow up of recent in patient / ED visit
2. Unclear aetiology of ulcer and therefore appropriate treatment plan
3. Suspected or confirmed osteomyelitis
4. Background of suboptimal diabetes control (HbA1c 8%+)
5. Recurrent foot ulceration / infection - avoid hospital admissions
6. Requires offloading / regular debridement podiatry input
7. Requires wound management plan

SINBAD score for triaging diabetic foot ulcers (3/+ = urgent referral) Please circle each score		
Site	Fore foot = 0	Mid or hind foot = 1
Ischaemia	Palpable foot pulses = 0	Evidence of PAD = 1
Neuropathy	Sensation intact = 0	Loss of sensation = 1
Bacterial infection	No signs or symptoms of infection = 0	Signs and symptoms of infection = 1
Area	Ulcer <1cm ²	Ulcer >1cm ² = 1
Depth	Superficial wound = 0	Deep ulcer – bone / tendon = 1
Total Score		

St John of God Midland Public Hospital catchment area

Referrals are only accepted for patients in the hospital's catchment area.
 To view catchment area go to sjog.org.au/midland