



Sir Charles Gairdner Hospital

Referral to: MULTIDISCIPLINARY FOOT ULCER CLINIC

DATE

CLIENT DETAILS *(use patient sticker if available)*

Given Names:		Surname:	
Date of Birth:			
Address:		Postcode:	
Phone Home:	Work:	Mobile:	
Hospital Unit Medical Record Number (if known):			
Medicare Number:		expiry date:	

MEDICAL HISTORY

<input type="checkbox"/> T1DM <input type="checkbox"/> T2DM <input type="checkbox"/> PAD <input type="checkbox"/> IHD <input type="checkbox"/> CRF <input type="checkbox"/> Dialysis <input type="checkbox"/> Peripheral Neuropathy			
Any known allergies:			
Current medication:			
Height:	Weight:	BMI:	

REASON FOR REFERRAL

<input type="checkbox"/> Foot Ulcer <input type="checkbox"/> Suspected Charcot Foot <input type="checkbox"/> Other (please provide detail below) <input type="checkbox"/> Recurrent Ulcer
Brief description of main concern:

DURATION <4 weeks 4 – 12 weeks >3 months

FOOT PULSES – tick if palpable

Right DP PT **Left** DP PT

CURRENT TREATMENT

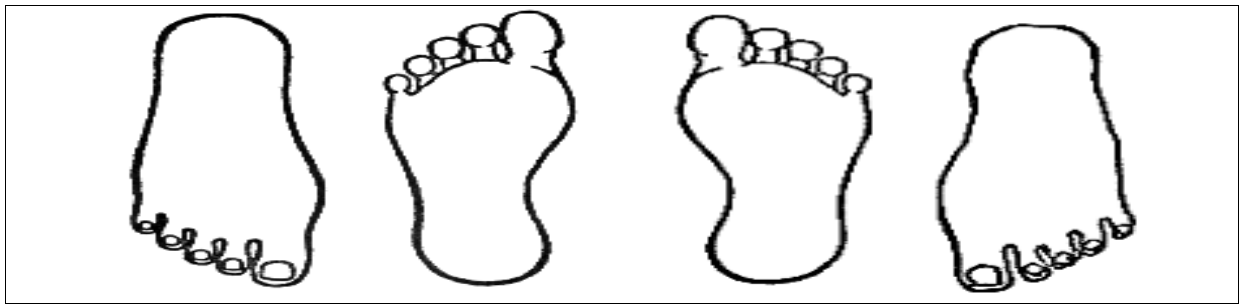
Wound Care _____

Antibiotics _____

Offloading _____

Compression/stockings _____

Please indicate areas of concern on foot diagram:



MEDICAL/SURGICAL SPECIALISTS

(Name, specialty, public/private, current involvement, date of last & next appointment)

REFERRAL SOURCE DETAILS

GENERAL PRACTITIONER

Name:	GP:
	Provider #:
Title/Designation:	Practice:
Practice:	
Phone Number:	Phone Number:
Fax:	Fax:

Fax to Central Referrals 1300 365 056

Please address any written referrals to the 'Multidisciplinary Foot Ulcer Clinic'

**For inter hospital transfers, please fax the referral directly to the Podiatry Department
Fax: 6457 1568**

For any urgent referrals (need to be seen in less than seven days) – please contact the on-duty Vascular Registrar via switchboard.

**All other queries can be directed to the SCGH Multidisciplinary Foot Ulcer Clinic
Phone: 6457 3373 Fax: 6457 1568**

Please Attach All Relevant Investigations, Reports & Results

REFERRAL ELIGIBILITY

OR

Outpatient with complex medical needs presenting with either:

- Foot ulcer, duration > 4 weeks
- Foot infection

which is static or deteriorating OR not responding to best practice

Reason for referral:

- a. Unclear aetiology of ulcer
- b. Suspected or confirmed osteomyelitis
- c. Suspected or confirmed PAD including dry stable necrosis

Suspected or confirmed active Charcot foot:

- hot, red swollen foot
- in the presence of peripheral neuropathy with
- minimal or no reported trauma / progressing deformity

For urgent referrals – patients with acute symptoms such as ascending cellulitis please refer direct to the closest emergency department