



Sir Charles Gairdner & Osborne Park Hospital

Referral to: Podiatry Department

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

☐ T1DM ☐ T2DM ☐ PAD ☐ IHD ☐ CRF ☐ Dialysis ☐ Peripheral Neuropathy

Smoking status (current/past/never):

Diabetes duration (if applicable):

Any known allergies:

Current medication (attach medication list):

Prior imaging (attach results):

Height:

Weight:

BMI:

REASON FOR REFERRAL

☐ Foot Ulcer ☐ Suspected Charcot Foot ☐ Other (please provide detail below)

☐ 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

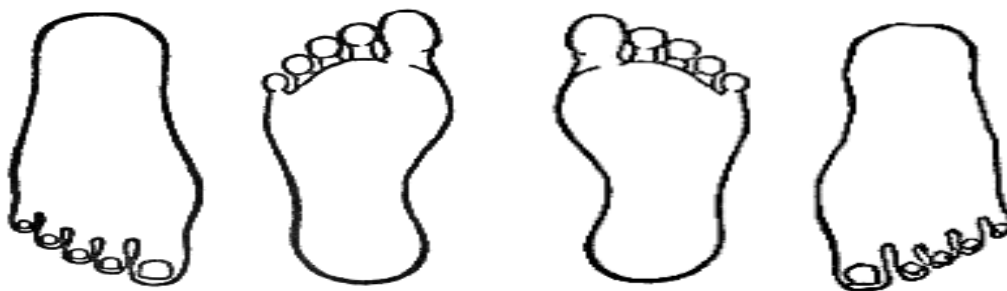
Wound Care _____

Antibiotics _____

Offloading _____

Other: _____

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:

Referrals must be via the GP and faxed to Central Referrals 1300 365 056.

For any urgent referrals (need to be seen in less than seven days) – please contact the Podiatry department on 6457 3373 or forward the referral and any attachments to scg.podiatry@health.wa.gov.au.

****Please Attach All Relevant Investigations, Reports & Results****

REFERRAL ELIGIBILITY

The SCGH Podiatry Department provides a tertiary hospital service to patients with high-risk feet with a focus on acute and chronic diabetes-related foot ulceration and complications (+/- peripheral arterial disease and infection), management of complex foot deformity; lower extremity amputation, and active Charcot neuroarthropathy.

Patients must live in the North Metropolitan Area Health Service (NMHS) catchment area:

Area	Postcode
Lower West	6005 - 6016
North Central	6017 - 6022 6029 6050 6059 - 6062
Joondalup-Wanneroo	6023 - 6038 6061 6064 – 6067 6077 - 6078 6090
Swan & Hills	6079