Prince of Wales Hospital Diabetes Centre
Podiatry: High Level & Complex Diabetic Foot Care
FAX TO: 9382 4612
PHONE ENQUIRIES TO: 9382 4600

REFERRAL DATE:

NOTE: The High Level Care Podiatry Service is only for patients who have diabetes. This service does not accept referrals for basic nail or foot care for people with or without diabetes.

To: Dr Ann Poynten, Dr Barbara Depczinsky, Dr Kerry-Lee Milner, Ms Jayne McGreal

Patient has ONE of the following

	Current Foot ulcer
	Previous Foot Ulcer
	Previous Diabetes related amputation
	Neuroarthropathy "Charcot's" Joint
	Suspected Neuroarthropathy

OR
Patient has TWO of the following

	Peripheral Neuropathy
	Peripheral Vascular
	Foot Problems such as callus, corn, toenail pathology, foot structure problems (please describe below)

Other services currently involved in patient's care

	Vascular Team
	Orthopaedic Team
	Infectious Disease team
	Hyperbaric Medicine
	Community Nursing
	Orthotic Department
	Post-Acute Care Services
	Transitional Aged Care
	Podiatrist
	Other:

Details FOR REFERRAL *(Mandatory For ALL Referrals)*

	TYPE OF DIABETES
Patient's Weight:	**Patient's HbA1c:**
Indefinite referral: Yes/No	
Please attach a full medical history and Medication List with this referral	
This referral extends to include review in the Multidisciplinary Diabetes Foot Clinic referral in POWH Ambulatory Care Unit if indicated : Yes / No	

REFERRING DOCTOR

NAME:	**PROVIDER**	
ADDRESS:	**PHONE**	
	FAX	
	EMAIL	

PATIENT INFORMATION

NAME:	**GENDER:**
COUNTRY OF BIRTH:	**DATE OF BIRTH:**
ADDRESS	**HOME:**
	WORK:
	MOBILE:
	E-Mail
MEDICARE NUMBER	**PENSION NUMBER**
DVA NUMBER	**HEALTH INSURANCE**

Interpreter REQUIREMENTS		**LANGUAGE**	

PATIENT CONSENT		**ABORIGINAL or TSI**	

CLINICAL INFORMATION

PAST MEDICAL HISTORY

ALLERGIES

CURRENT MEDICATIONS

INVESTIGATIONS (HbA1C, Biochemistry & FBC)

SOCIAL HISTORY

GP SIGNATURE **DATE**