St. Vincent's University Hospital

Diabetes Shared Care Referral Form for Podiatry Services

Patient Sticker	**Date of Referral:** _____

Relevant Medical History: *(History of amputation or ulceration, Diabetes control)*

Relevant Medication Therapy: (e.g. Steroids, anti-coagulant,insulin, etc.)

Reason for Referral (if patient is low risk)

Foot Assessment

	Right	**Left**
Vibration at Hallux	Absent/Present	Absent/Present
Monofilament – 10g	Absent/Present	Absent/Present
Dorsalis Pedis	Absent/Present	Absent/Present
Posterior Tibial	Absent/Present	Absent/Present
Calluses	Yes/No	Yes/No
Chiropody Visit	Yes/No	
Ulcer	Previous/Active/Never	
Risk of Ulceration	**Low/Mid/High/Active**	

Clinician Signature: _____

Contact Details: _____

Please complete and fax to Podiatry Dept., (01) 221 3427

Any incomplete applications cannot be processed and will be returned to the appropriate department causing delay in treatment.

* Please contact directly by email (e.kellegher@st-vincents.ie) or fax (01) 221 3427 for recent ulcer development. Urgent referral should also be accompanied by telephone call.

Podiatry Department, Merrion Block, St. Vincent's University Hospital,
Tel: (01) 221 3389, Fax: (01) 221 3427 e.kellegher@st-vincents.ie