



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Referral to Integrated Foot Protection Team

Integrated Foot Protection Team
Podiatry Department
Diabetes Day Centre
St. Columcille's Hospital
Loughlinstown
Dublin 18
Tel: 01 211 5042 - Option 5
Email: centralreferral.office@hse.ie

Patient Name: _____	Medical card/Long term illness card/neither
Patient Address: _____	
_____	GP Name: _____
_____	GP Address: _____
DOB: _____	_____
Phone No: _____	_____

Diabetes	Medical History	Current Medication
Type1 / Type 2	1.	1.
Latest HbA1c: IFCC.....mmol/l	2.	2.
Date.....	3.	3.
Allergies:	4.	4.

Reason for Referral:

Foot Risk Classification (please circle):

Low Risk: no sensory loss or PAD	At Risk Moderate Risk: Sensory +/- PAD +/- Structural foot deformity
At Risk: High Risk / Hx ulcer / Amputation	Active Foot Disease: Ulcer / Charcot / Ischaemia

Signature _____

Printed Name _____

Referral Date _____

Please complete and post or email to the above address

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

****All diabetic patients who are suspected to have a spreading systemic infection please refer to the Emergency Department at St. Vincent's University Hospital for immediate review****

For all other high risk and active diabetic foot ulcerations, refer to the Podiatry Department, St. Columcille's hospital where ulcerations will be triaged for review within 1 to 3 working days.