



# SLHD PODIATRY INTAKE FORM

Central Intake:

Tel 97677395 Fax 97675297

Email: [SLHD-Podiatry@health.nsw.gov.au](mailto:SLHD-Podiatry@health.nsw.gov.au)

Please complete this intake form or attach a referral letter containing the following information and submit to our Central Intake for Sydney LHD podiatry services: Canterbury, Concord, Balmain and RPA Hospitals. Croydon and Marrickville Health Centres. **Patients must reside within SLHD Catchment areas.** If urgent, please telephone.

- **Frail elderly people >65** requiring foot care may be eligible for foot care under the Commonwealth Home Support Program (CHSP). SLHD Podiatry is a CHSP provider. Referrals for frail people over 65 **must be submitted via My Aged Care Portal** [www.myagedcare.gov.au](http://www.myagedcare.gov.au) or Tel: 1800 200 422
- **Diabetes with foot ulceration** or **acute Charcot Foot** refer to Concord High Risk Foot Service (HRFS) using this form. Concord HRFS accepts referrals for people with diabetes and non-diabetes related complex foot ulceration. Fax: 97675297 or Email: [SLHD-Podiatry@health.nsw.gov.au](mailto:SLHD-Podiatry@health.nsw.gov.au) For RPAH Diabetes Centre HRFS, send referral to Professor Stephen Twigg, Diabetes Centre RPAH: Tel 95155888, Fax: 95155820 Email: [SLHD-RPAHighRiskFoot@health.nsw.gov.au](mailto:SLHD-RPAHighRiskFoot@health.nsw.gov.au)

<b>Date</b>	<b>Patient Name</b>	
<b>Patient DOB</b>	<b>Patient Address</b>	<b>Patient contact number:</b>
<b>Referrer's name:</b>	<b>Referrer Address</b>	<b>Phone and Fax</b>

What is the reason for referral / foot pathology?

Patients will be allocated appointments according to intake criteria prioritising on the basis of clinical need.

**Please tick if applicable.**

<input type="checkbox"/>	Current foot ulceration
<input type="checkbox"/>	Past foot ulceration or amputation
<input type="checkbox"/>	Evidence of Peripheral Arterial Disease
<input type="checkbox"/>	Evidence of Peripheral Neuropathy
<input type="checkbox"/>	Severe foot deformity
<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	Psychiatric illness
<input type="checkbox"/>	Disability. Give details
<input type="checkbox"/>	End Stage Renal Disease.
<input type="checkbox"/>	Patient holds a Pension or Health Care Card or there is financial hardship

Other relevant Medical History and Current medications: (attach list if there is insufficient space)

Allergies:

Please indicate if you require us to advise you of your patient's appointment.

*For office use only. Date received:*

*Appointment time /date:*