Cornwall Podiatry Service
Referral form

The Podiatry Service provides an assessment and treatment service for the population of Cornwall and the Isles of Scilly.

This form cannot be processed **unless completed in full on both sides**.

Details of foot problem, medical history and a list of current medication must be clearly stated below. **Please use black ink only.**

Surname	Title: Mr/Mrs/Miss/Other
Forenames	Male/Female
Address	Date of Birth
	Telephone
	Ethnicity (see overleaf for options)
Postcode	NHS Number

Name and address of GP

Reason for referral:

Referral from GP or healthcare professional	
Diabetic check	
New patient assessment	
Biomechanical assessment	
Other (Please specify)	

Foot / lower limb problem

Medication

Additional Information	
☐ Learning disabilities – named contact email for liaison _____ ☐ Any further requirements please detail below (for example: transport, days unavailable to attend, translation services)	
Signature	Print name
Relationship to applicant	
Date of Referral	

Once completed, please send form to your nearest Podiatry Office:

- Camborne Redruth Community Hospital, Barncoose Terrace, Redruth, TR15 3ER. Telephone: 01209 318090.
- Truro Health Park, Infirmary Hill, Truro, TR1 2JA. Telephone: 01872 221435.
- Liskeard Community Hospital, Clemo Road, Liskeard, PL14 3XA Telephone: 01579 373552.

Ethnicity Options:	
Code	*CRF*
A	White British
B	White Irish
C	Any Other White Background
CD	Cornish
D	Mixed White and Black Caribbean
E	Mixed White and Black African
F	Mixed White and Asian
G	Any other mixed background
H	Asian – Asian British Indian
J	Asian – Asian British Pakistan
K	Asian – Asian British Bangladesh
L	Any other Asian background
M	Black – Black British Caribbean
N	Black – Black British African
P	Any other black background
R	Chinese
S	Any other ethnic group
Y	Not known
Z	Not stated