

Diabetes Foot Protection Referral

GP Practice:

Referrer:

Patient Details: **Details attached** (e.g. Copy of original referral)

Surname Title (Mr, Mrs, Ms, Miss, Other)

Forename DOB

Address Telephone Numbers.

Home

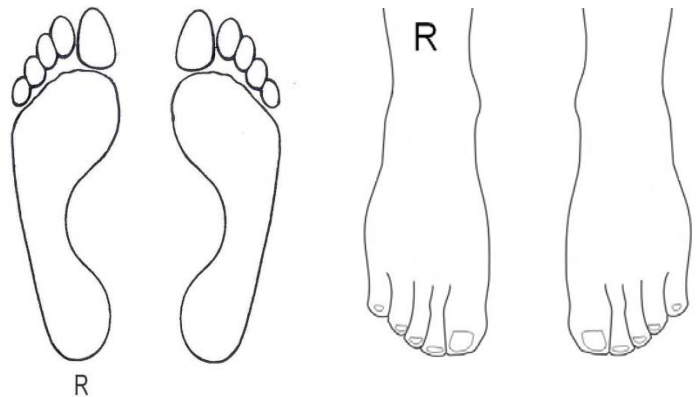
Work

Post Code Mobile

NHS N^o e-mail

Reason for Referral:

Active Ulceration **Urgent appointment required within 24 hours.**



Thomas Addison Unit, St George's Hospital -

Fax: 020 8725 0240 (FAO Diabetic Foot Team)

Tel: 020 8725 2753

or

Beta Cell, Queen Mary's Hospital -

Fax: 020 8487 6424 (FAO Beta Cell Team)

Tel: 020 8487 6535

High Risk **For 4 to 12 weekly review as per NICE guidance.**

Increased Risk **For 3 to 6 monthly review as per NICE guidance.**

Return To:

Podiatry Services

St John's Therapy Centre

162 St John's Hill

SW11 1SW

FAX: 020 8812 6056

Tel: 020 8812 6050

e-mail: podiatry.appointment@stgeorges.nhs.uk