

**PODIATRY SELF-MANAGEMENT PROGRAMME FOR
PEOPLE WITH DIABETES**

“FOOTSTEP” REFERRAL FORM



I wish to refer the following patient to the “Footstep” self-management programme.

Please complete in BLOCK CAPITALS

Patient CHI Number:

Title:Forename:Surname:

Date of Birth:

Address:

Postcode: Full Tel No:

Doctors Name: Practice Code:

I confirm that:

the patient has been screened in accordance with SCI-DC foot screening tool: YES NO

the patient’s foot health is of **LOW RISK** YES NO

Please tick appropriate locality and preferred venue (where available):

Dundee Podiatry Service Perth & Kinross Podiatry Service

Angus Podiatry Service: Whitehills Springfield Links H/C
Forfar Arbroath Montrose

Signed.....Name.....Date.....

Please indicate:

Doctor Health Visitor District Nurse Practice Nurse Podiatrist

Other (please specify).....

Please return in internal mail to relevant service:

Dundee CHP Podiatry Department, Westgate Health Centre, Dundee
Perth & Kinross CHP Podiatry Department, Perth Royal Infirmary, Perth
Angus CHP Podiatry Department, Whitehills Health and Community Care Centre, Forfar