



## Referral to the Diabetic Foot Clinic Elsie Bertram Diabetes Centre

Norfolk diabetes management guidelines are available on Knowledge Anglia:  
<http://nww.knowledgeanglia.nhs.uk/KMS/NorthNorfolk/Home/ClinicalInformation/Other/DiabetesandEndocrinology.aspx>

For all **EMERGENCY** or **URGENT/ROUTINE** diabetic foot referrals, email to  
[ebdcfootclinic@nnuh.nhs.uk](mailto:ebdcfootclinic@nnuh.nhs.uk)

For queries telephone foot clinic admin team on: **01603 288522**.

Please note this is **not** a referral form for [Diabetes services](#), [Diabetes nurse Facilitator](#) or [Dietetic services](#).

Patient Information	
Name:	Hospital No:
Address:	NHS No:
Tel / Mobile:	Date of Birth:
GP Name:	Gender <input type="checkbox"/> Male / Female <input type="checkbox"/>
GP Surgery:	Occupation
Does the patient need: <input type="checkbox"/> an Interpreter (list language); <input type="checkbox"/> Lip speaker, or <input type="checkbox"/> BSL Interpreter	
Referral Information	
Reasons for Referral:	
Relevant Medical History (or attach practice summary) AND current medication (or attach summary)	
Referrer Information	
Name:	Date:
Job title:	
Signature:	Tel No: