

Norfolk and Norwich University Hospitals
NHS Foundation Trust

Referral to the Diabetic Foot Clinic Elsie Bertram Diabetes Centre



For all **EMERGENCY** or **URGENT/ROUTINE** diabetic foot referrals, email to ebdcfootclinic@nnuh.nhs.uk

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

IMPORTANT: If possible, please include an image of the wound to this referral.

Referrals are accepted for people with diabetes and foot ulceration on/below the malleolus (not venous in origin).
Please see the table for referral criteria.

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

Inclusion Criteria and Conditions / Symptoms / Problems In person with diabetes	Exclusions Conditions that are not appropriate for the service
<ul style="list-style-type: none"> • Limb threatening infection • Gangrene • Foot ulceration • Foot infection • Acute Charcot • Amputation wounds 	<ul style="list-style-type: none"> • Routine podiatric care • Nail cutting • In-growing toenails • Non-diabetic ulceration • Leg ulceration • Any of the inclusions in a person without diabetes

Patient Information	
Name: Address: Tel / Mobile:	Hospital No: NHS No: Date of Birth: Gender <input type="checkbox"/> Male / Female <input type="checkbox"/> Occupation
GP Name: GP Surgery	
Accessible Information Standards	
Please specify below if the patient has additional needs related to:	

Vision		Speech	
Hearing		Other communication difficulties	
The patient, and or parent / carer, requires an:			
<input type="checkbox"/>	Interpreter (<i>specify language</i>)		<input type="checkbox"/> Lip speaker <input type="checkbox"/> BSL interpreter

Referral Information
Reasons for Referral:

Relevant Medical History (or attach practice summary) AND current medication (or attach summary)
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Referrer Information	
Name:	Date:
Job title:	Tel No:
Signature:	

«D3_Used_Obs_Results1»«D3_Used_Obs_Results1»