**[](http://www.bromleyhealthcare.org.uk/)**

**Once complete, please email this form** [**bromh.cccpod4refs@nhs.net**](mailto:bromh.cccpod4refs@nhs.net) **or post to:**

**Care Coordination Centre, Bromley Healthcare, Central Court, 1 Knoll Rise, Orpington BR6 0JA**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Patient Details** | | | | | | | | | | | | | | | | | | | | |
| **Title:** |  | | | | | **First name:** | | |  | | | | **Surname:** | | |  | | | | |
| **NHS Number:** | | | |  | | | | | | **Date of birth:** |  | | | **Gender:** | | | |  | **Age:** |  |
| **Address:** | |  | | | | | | | | | | | | | | | | | | |
| **Telephone:** | | | **(Home)** | | | | |  | | | | **(Mobile)** | | |  | | | | | |
| **To ensure we provide an equitable service to all of the residents in Bromley, please complete this section.**  **What is your ethnic group?: (Please tick the box)**  **White: Black or Black British**  **A British  M Caribbean**  **B Irish  N African**  **C Any Other White Background  O Any other Black background**  **Mixed Asian or Asian British**  **D White and black Caribbean  H Indian**  **E White and black African  J Pakistani**  **F White and Asian  K Bangladeshi**  **G Any other Mixed background  L Any other Asian Background**  **Chinese or other ethnic background**  **R Chinese**  **S Any other ethnic group** | | | | | | | | | | | | | | | | | | | | |
| **2. Next of Kin Details (Emergency Contact)** | | | | | | | | | | | | | | | | | | | | |
| **Title:** |  | | | | | **First name:** | | |  | | | | **Surname:** | | |  | | | | |
| **Address (if different to patient’s):** | | | | | | | | |  | | | | | | | | | | | |
| **Telephone:** | | | **(Home)** | | | | |  | | | | **(Mobile)** | | |  | | | | | |
| **Relationship to patient:** | | | | | | |  | | | | | | | | | | | | | |
| **3. Carer Details (if different to Next of Kin)** | | | | | | | | | | | | | | | | | | | | |
| **Title:** |  | | | | | **First name:** | | |  | | | | **Surname:** | | |  | | | | |
| **Address (if different to patient’s):** | | | | | | | | |  | | | | | | | | | | | |
| **Telephone:** | | | **(Home)** | | | | |  | | | | **(Mobile)** | | |  | | | | | |
| **Relationship to patient:** | | | | | | |  | | | | | | | | | | | | | |
| **4. Referral Details** | | | | | | | | | | | | | | | | | | | | |
| **Date of referral:** | | | | | **Form Completed By:**  **Patient  Relative**  **Carer  Other** | | | | | | | | | | | | **Please specify name if other than patient:** | | | |
|  | | | | |  | | | |

|  |  |
| --- | --- |
| **GP Surgery:** | **GP Name:** |
|  |  |
| **6. Reason for Referral/Diagnosis. Please give precise details of your foot problem(s).**  **If this section is left blank the referral form will be rejected.** | |
|  | |
| **7. Mobility Details** | |
| **Are you housebound? Yes  No**  **Please state your medical/physical reasons for being housebound/chair-bound:** | |
|  | |
| **(NB. If left blank, a clinic appointment will be offered.)** | |
| **Are you able to open your front door? Yes  No** | |
| **Do you attend a day centre? Yes  No  If ‘Yes’ please state name of day centre and days you attend:** | |
|  | |
| **8. Help us to help you …** | |
| **Do you have any medical problems? Yes  No**  **If yes, do you have any of the following problems:**  **Diabetes  Heart/Circulation**  **Rheumatoid Illness  Chest/Breathing**  **Blood/Bleeding  Liver Problems**  **Kidney Problems  Cancer**  **Any other health problems not mentioned above?** | |
|  | |
| **Once complete, please email this form** [**bromh.cccpod4refs@nhs.net**](mailto:bromh.cccpod4refs@nhs.net) **or post to:**  **Care Coordination Centre, Bromley Healthcare, Central Court, 1b Knoll Rise, Orpington BR6 0JA**  **Contact us:**  **At Bromley Healthcare we are continually striving to improve our services and your feedback is vital. If you have anything you would like to make us aware of please email** [**bromh.feedback@nhs.net**](mailto:bromh.feedback@nhs.net) **so we may address any issues you may have.** | |