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**Once complete, please email this form** **bromh.cccpod4refs@nhs.net** **or post to:**

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

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| --- |
| **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** **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** **so we may address any issues you may have.**  |