

CALHN High Risk Foot Service Referral Form

| Patient Details | | | |
|-----------------|------|-------------|--|
| Date: | | GP Details: | Gender Identity: Male Female Other |
| Title: | DOB: | Phone: | Aboriginal: Y N Torres Strait Islander: Y N Both |
| Last Name: | | First Name: | Is the patient ambulant? Y N |
| Address: | | | Interpreter required: Y N |
| | | | Language: |

| Inclusion Criteria, please tick appropriate | |
|---|----------------------------|
| <p>High Risk Foot Service</p> <ul style="list-style-type: none"> Foot wound deep to tendon / joint / bone Foot wound in the absence of pedal pulses Foot wound not healing after 4 weeks of appropriate treatment Known or suspected acute Charcot neuroarthropathy Local foot infection (e.g., cellulitis / osteomyelitis) <p>Please refer directly to the closest Emergency Department for:</p> <ul style="list-style-type: none"> Foot wound with systemic signs of illness (e.g., sepsis) Critical Limb Ischemia | <p>Description:</p> |
| <p>Ingrown Toenail Surgery:</p> <ul style="list-style-type: none"> Infected ingrown toenail Ingrown toenail nail not responding to conservative treatment | <p>Other:</p> |

| Medical, Foot & Social History | |
|---|---|
| <p>Past Medical History:</p> <p>Neurovascular Assessment:</p> <p>Palpable Pedal pulses(check if palpable): Left: DP PT Right: DP PT</p> <p>Toe Pressures (mmHg): Left Right 3/3 sites detected with Monofilament: Y N</p> | <ul style="list-style-type: none"> Previous foot wounds Previous amputation Previous Charcot neuroarthropathy Peripheral arterial disease Loss of protective sensation Significant foot deformity |

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| <p>History of presenting complaint: (aetiology, location, duration, offloading, previous/current treatment – including antibiotics)</p> |
| <p>Investigations: (radiology, pathology, vascular imaging)</p> |

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| Medications: |
| Allergies: |
| Social History: (working status, living arrangement, pension status, smoking status, formal supports e.g., NDIS, aged care package) |

| SINBAD Score | | |
|---------------------|--|--------------|
| Category | Definition | SINBAD Score |
| Site | Forefoot | 0 |
| | Midfoot and hindfoot | 1 |
| Ischemia | Pedal blood flow intact, one pulse palpable | 0 |
| | Clinical evidence reduced pedal blood flow | 1 |
| Neuropathy | Protective sensation intact | 0 |
| | Protective sensation lost | 1 |
| Bacterial Infection | None | 0 |
| | Present | 1 |
| Area | Ulcer <1cm ² | 0 |
| | Ulcer >1cm ² | 1 |
| Depth | Ulcer confined to skin and subcutaneous tissue | 0 |
| | Ulcer reaching muscle, tendon or deeper | 1 |
| Total Score | | / 6 |

| Referring Practitioner Details | |
|---|--|
| Name: Profession: Contact ph: Contact Email: | Please send completed form to either: Email (*preferred): HealthCALHNPodiatry@sa.gov.au Fax: (08) 7074 6247 |

Contact details:

Allied Health admin (direct): (08) 7117 3010
 High Risk Foot Coordinator: 0481 155 858
 Fax: (08) 7074 6247
 RAH Switch: (08) 7074 4000 – ask to be directed to Podiatry
 Email: HealthCALHNPodiatry@sa.gov.au