



SALHN HRFS Triage Information

Date received: / /

Triaged by: Date triaged: / /

Site Allocation: FMC NH GMAR

Timeframe for appointment:

- Category 1 (Urgent)
 Category 2 (Semi Urgent)
 Category 3 (Non-Urgent)

MRN: Wait list entered: / /

Appointment: / / Time: AM / PM Visit no:

Letter / Phoned: / /

Details:

Patient Details

Date: / / GP Details: Gender Identity: Male Female Other

Title: DOB: / / Phone: Aboriginal and/or Torres Strait Islander: Y N

Last Name: First Name: Is the patient ambulant: Y N

Interpreter required: Y N

Address: Language:

Inclusion Criteria, please tick appropriate

- High Risk Foot Service**
(Flinders/ Noarlunga Hospital & GP Plus Marion)
- 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)

Please refer directly to the closest Emergency Department for:

- Foot wound with systemic signs of illness (e.g. sepsis)
- Critical Limb Ischemia

- Ingrown Toenail Surgery (Noarlunga Hospital)**
- Infected ingrown toenail
 - Ingrown toenail nail not responding to conservative treatment

- Paediatric Podiatry Service**
(Noarlunga Hospital)
- Persistent lower limb pain, night pain, limping, or joint stiffness
 - Toe walking > 3 years or inability to reach plantar grade foot position
 - Not walking > 18 months
 - Structural and/or congenital or function variance affecting gait or ability to participate in activity expected for their age
 - Newly diagnosed neurological, rheumatology or complex orthopaedic condition with referral from AH/Medical with no previous podiatry intervention

NOTE:

Asymptomatic pes planus or asymptomatic intoeing/outtoeing are not eligible.

Medical, Foot & Social History

Past Medical History (relevant birth, developmental or family history for paediatric referral):

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- Previous foot wounds**
- Previous amputation**
- Previous Charcot neuroarthropathy**
- Peripheral arterial disease**
- Loss of protective sensation**
- Significant foot deformity**

Foot Pathology History (aetiology, location, duration, offloading, previous/current treatment):

Investigations (radiology, pathology, vascular imaging):

Medications:

Medical, Foot & Social History continued...

Allergies:

Social history (working status, living arrangement, pension status, smoking status, formal supports eg NDIS, aged care package):

Risk factors:

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:

Signature:

Profession:

Contact phone:

Contact email:

Please send completed form to either:

Fax:

08 8204 5020

Email:

Health.SALHNPodiatry@sa.gov.au