

<b>REFERRAL DETAILS</b>		
Is patient currently registered with Endocrinology Department, CUH?	Yes / No <i>If 'No' please organise transfer of care</i>	
<u>Note:</u> If patient attends Endocrinologist at another hospital, please refer patient to Podiatry Department at that site.		
<b>PATIENT DETAILS</b>		
Name:		
Address:		
Date of birth:	Gender:	
Telephone Numbers:		
Next of Kin:		
Interpreter required?		
<b>REFERRER DETAILS (if not GP: please inform patient's GP of referral)</b>		
Name:		
Address:		
Telephone number(s):		
Email:		
<b>CLINICAL INFORMATION</b>		
Reason for referral and interventions to date:		
Past medical history		
Current medication		
Allergies / Additional relevant information:		
<b>For Diabetic Foot Clinic Use</b>		
Date referral received	Date of appointment:	
Urgent	Soon	Inappropriate

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