	Illawarra Shoalhaven	FAMILY NAME	MRN							
	NSW Local Health District	GIVEN NAME	MALE FEMALE							
	Facility:	D.O.B/ / M								
		ADDRESS								
	HIGH RISK FOOT SERVICE (HRFS)									
	REFERRAL CRITERIA AND PROCESS	LOCATION / WARD								
	Referrals are made via the Access and Referral Centre (ARC)									
Holes Punched as per AS2828.1: 2019 Carls BINDING MARGIN - NO WRITING ISO10314	Please email: <u>ISLHD-AccessandReferralCentre@health.nsw.gov.au</u> or Fax : 4253 0355 For further information please contact ARC: 1300 792 755									
	1. Essential Criteria (GP/Doctor: Please also attach medical history)									
	Does the patient have Diabetes Mellitus?			☐ Yes	□ No*					
	AND one or more below:									
	FOOT (below ankle) ulceration longer than 1 month without improvement									
	Foot ulceration and infection									
	Foot ulceration and non-critical ischaemia									
	ACTIVE or suspected Charcot foot (neuro-arthropat									
	*If your patient does <u>not</u> meet the essential criteria refer to alternative services (details over)									
	2. Essential Referral Information (Please include results of relevant investigations to attached referral)									
	URGENT? Yes No	SINBAD Wound Classification Score (to aid triage)								
	Please add a '0' or a '1' in the right column below for each row									
	Date:	Site: Forefoot (0)/ Mid or rear								
	Diabetes: Type:	Ischaemia: Pedal blood flow i palpable pedal pulse (0)/ Clin reduced pedal flow (1)			CRITERIA AND					
	Diagnosis year:	N europathy: Protective sensa Protective sensation lost (1)	0)							
	Reason:	Bacterial Infection: None (0)/p								
		Area: Wound < 1cm ² (0)/ Wou (Length by width)	1)		(HRFS) PROCESS					
	☐ Post-inpatient management ☐ GP initiated	Depth: Ulcer confined to skin and subcutaneous tissue (0) Ulcer reaching muscle, tendon or deeper (1)				S				
	Specialist recommended	TOTAL (Out of a possible 6)								

3. Patient and Referrer Information Page 2 not required if relevant information included in an attached referral

Please Include: Medical and social history; Medications; Allergies; Relevant investigations

*Please ensure patients understand they are being referred to a multi-disciplinary clinic

*Patients should be willing to be involved and participate in their treatment

IS010314A 040924

Illawarra Shoalhaven	FAMILY	FAMILY NAME		MRN				
Local Health District	GIVEN	GIVEN NAME			_			
Facility:	D.O.B.	//	M.O.					
	ADDRE	ADDRESS						
HIGH RISK FOOT SERVICE (HRFS)								
REFERRAL CRITERIA AND PROCESS	LOCAT	LOCATION / WARD						
	0	COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE						
Client Details		Referrer Details						
Name		Name						
Date of Birth		Practice						
Address		Address						
Home Phone		Phone						
Mobile		Fax						
Email		Email						
Gender	Client's Person t	o Contact In	formation	Holes P BINDIN				
Country of Birth		Name			Holes Punched as pe			
Interpreter Yes No Needed?		Phone			as per RGIN -			
		Relationship			AS282			
Aboriginality		Funding Details			WRITING			
☐ Aboriginal but not Torres Strait Islander Origin		Medicare			2019 FING			
☐ Torres Strait Islander but not Aboriginal Origin		🗆 DVA						
Aboriginal and Torres Strait Islander Origin					\bigcirc			
□ Neither Aboriginal or Torres Strait Islander Origin		□ Other:			_			
Not stated / inadequately described								
Please send referral via EMAIL: ISLH		essandReferralCer	tre@health.	nsw.gov.au or				
FAX: <u>4253 0355</u>								
For urgent referrals or	Turther	information call 1	300 792 755					
If your patient does <u>not</u> meet the HRFS referral criteria	a conside	er referral to:			\$0103			
Podiatry Wound Clinics:					4			
Shoalhaven Hospital (4428 7598); Shellharbour Hospital (4295 2860); Port Kembla Hospital (4223 8033); Wollongong Diabetes Service (1300 308 969). Email: <u>ISLHD-Podiatry@health.nsw.gov.au</u> . General care treatments available at Port Kembla Hospital – patients require referral through My Aged Care								
Leg Ulcer Clinic: (Wounds above the ankle) contact: Access and Referral Centre on 1300 792 755.								
ISLHD Community Health Pathways:								
https://illawarrashoalhaven.communityhealthpathways.	.org/							
Page 2 of 2	NO WF	RITING						