**Discharge Summary – Multidisciplinary Foot Clinic**

**(Fax a copy to patient’s GP, Foot Protection team and any relevant members of the Foot MDT)**

|  |  |  |
| --- | --- | --- |
| **Patient Details** | **GP Details** | **Foot Protection Service Details** |
| **Name:** | **Name:** | **Name:** |
| **NHS Number:** | **Surgery:** | **Address:** |
| **DOB:** | **Address:** |  |
| **Address:** |  |  |
|  | **Post Code:** | **Post Code:** |
| **Post Code:** | **Contact number:** | **Contact number:** |
| **Contact number:** | **Fax:** | **Fax:** |

**Diagnosis:**

**Type of diabetes:**

**Known Peripheral Neuropathy □**

**Known Peripheral Vascular Disease □**

**Other cardiovascular complications:**

HTN □ Obesity □ IHD □ CVA/TIA □ CKD □ Dyslipidaemia □

**Changes to usual medication:**

**Cardiovascular Risk Modifications Undertaken:**

**Modifiable Risk factors:**

HbA1C: BMI: BP: ACR: Tot chol: Trig:

HDL: LDL: Smoker:

**Treatment given:**

**Antibiotics at the time of discharge:**

□ This patient is not being discharged on antibiotics

□ This patient is being discharged on ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..with a stop date of \_\_/\_\_/\_\_.

□ This patient is being discharged on

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… to be continued till review on \_\_/\_\_/\_\_

by …………………………………………………………………..

**The consultant responsible for the care of this patient’s diabetic foot disease is:**

**Tel: Fax:**

**Email:**

**Completed by:**

Print name:

Designation:

Date:

Contact number:

**Continued Diabetes care:**

□ Referred to community diabetes clinic

□ Continue to see in secondary care diabetes clinic

□ GP to take over diabetes care

**Continued Foot care:**

Dear: Foot Protection Service

**Please take over the diabetes Foot Care for this patient.**

**Risk Stratification:**

**R FOOT:**

**L FOOT:**

**Actions for Orthopaedic Surgeon:**

**Actions for GP:**

**Actions for Diabetologist:**

**Actions for Vascular Surgeon:**

**Actions for Orthotist:**

**Actions for Foot Protection Service / Community Podiatry:**