Welcome to NLAG Self-Request for Podiatry Assessment

Northern Lincolnshire and Goole NHS Foundation Trust

Print code: WQN 1775 Version 1.1 Review date: Sep 2026

This self-referral route allows patients to access Podiatry Services quickly, without needing to see a GP or health professional first. This service is for people aged 16 years of age and over with podiatry problems and registered with a local GP practice. If you don't want to self-refer (e.g. owing to communication difficulties), or are under the age of 16, you can be referred via your GP/Consultant/Nurse/Health Professional.

When not to use Self-Referral

- If your GP is out of our geographical area
- If you have received treatment from the podiatry service for the same condition in the last 6 months
- If you require routine nail cutting and skin care (corns and callus) and you don't have an underlying long term medical condition.
- If you require advise for fungal nails or verrucae
- If you are looking for a home visit and are not bed bound. We provide a very limited home visit service and would support you to attend one of our clinics.

Useful Information and advice

You may find the following links useful, for advice leaflets and video links of common foot and ankle conditions.

Feet first-How to look after your feet | Diabetes UK
Diabetic Complications -Signs of serious foot problems | Diabetes UK
Seeing a foot Specialist-Your annual diabetes foot check | Diabetes UK

Ageing Feet-The Royal College of Podiatry (rcpod.org.uk)
Athlete's Foot -The Royal College of Podiatry (rcpod.org.uk)The Royal College of Podiatry (rcpod.org.uk)
Blisters-The Royal College of Podiatry (rcpod.org.uk)
Bunions-The Royal College of Podiatry (rcpod.org.uk)
Chilblains- The Royal College of Podiatry (rcpod.org.uk)
Corns & Callus -The Royal College of Podiatry (rcpod.org.uk)
Flat Feet-The Royal College of Podiatry (rcpod.org.uk)
Gout-The Royal College of Podiatry (rcpod.org.uk)
Heel Pain -The Royal College of Podiatry (rcpod.org.uk)
Ingrowing toenails-The Royal College of Podiatry (rcpod.org.uk)
Osteoarthritis-The Royal College of Podiatry (rcpod.org.uk)
Rheumatoid Arthritis-The Royal College of Podiatry (rcpod.org.uk)
Sweaty Feet-The Royal College of Podiatry (rcpod.org.uk)
Verrucae -The Royal College of Podiatry (rcpod.org.uk)

If you feel you require professional further advice and are not covered by our Service core offer, you may wish to find a private practitioner through these links.

Find a Podiatrist (rcpod.org.uk)
Check the Register and find a registered health and care professional | (hcpc-uk.org)

How do you self-refer?

Please complete the form below, as fully as you are able and email to the appropriate email address below depending on your locality.
North East Lincolnshire community: nlg-tr.gypodiatry@nhs.net
North Lincolnshire community: nlg-tr.scpodiatry@nhs.net

Alternatively; completed forms can be sent by post to:

- North East Lincolnshire community:

Podiatry Admin Office, Scartho Medical Centre, Springfield Road, Grimsby DN33 3JF

- North Lincolnshire community:

Podiatry Admin Office, Global House, Ridge Way, Scunthorpe, Lincolnshire England, DN17 1AJ

Our self-referral form is also submittable on our Northern Lincolnshire and Goole NHS trust internet page, under Podiatry.

We welcome you to attach a photograph to assist your application, this helps the clinicians determine the urgency of your request. In order to ensure your photograph is in focus tap the screen of your phone just before snapping the picture to ensure the moving subject has as much focus as possible. You may need friends or family to help you achieve the best image. If you are completing a paper copy of the referral form the admin team may contact you once this is received to request a photograph to aid with our triage of your referral.

Once your completed form is received, the information will be used to ensure you are appointed to the most appropriate clinic. If you don't meet our service core offer, you will be notified but not offered an appointment. Please ensure you provide as much detail as possible as incomplete forms will be returned.

PATIENT INFORMATION		
Title:	First name:	Middle name:
Surname:		
Sex: Male Female	Date of Birth: / /	
First Language: Date of entry into UK:	Translator Required: Yes / No	Do you have a disability?
NHS Number if known:		
House No. / Name:		
Address:		
Town:	County:	Postcode:
Ethnicity	Religion	
Contact Telephone No:		
GP / Consultant INFORMATION:		
Do you have a Hospital Consultant? Please list name and Speciality		
Patients Registered GP		
Registered GP Practice		

REASON FOR REFERRAL: Which of the following affects you at present? Tick all that apply

Foot Ulceration ☐	**Infection** ☐	**Severe Inflammation** ☐
Toenail Problem ☐	**Corns and or Callus** ☐	**Painful flat feet** ☐
Foot Pain ☐	**Heel Pain** ☐	**Ankle Pain** ☐

Please use this space for further details of your condition
E.g. How long have you had this problem, Where, which toe, is it getting worse?

Please attach a photograph if you are able.

SIGNIFICANT MEDICAL HISTORY AFFECTING FEET (please indicate)

Poor circulation ☐	**Loss of feeling in the feet** ☐	**Amputation** ☐
Previous foot ulceration ☐	**Cancer** ☐	**Diabetes** ☐
Rheumatoid Arthritis ☐	**Immune System Disorder** ☐	**Stroke** ☐
Kidney / Renal Disease ☐	☐	☐

Have you had any Operations or broken bones? Please list them here:

Do You have any Allergies? Please list them here:

Current medication: Please list all currently prescribed medication.

The contents of this form and any included photographs form part of your request for assessment. They will be used within our triage process and will be attached to your medical records. By completing this form, you agree to this process.

Name of person completing form (block capitals)		Relationship to patient (if form completed by someone else)	Today's date:

Review date Sept 2026