









1. Information about the referrer

First name:		Family name:		Telephone:	
Clinic/service name:					
Date of referral:		Next review date with referrer:			

2. Information about the person

First name:		Family name:		Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Other <input type="checkbox"/>
Age:	0-5 <input type="checkbox"/>	6-18 <input type="checkbox"/>	19-39 <input type="checkbox"/>	40-54 <input type="checkbox"/>	55+ <input type="checkbox"/>	Telephone:	
Address:							

3. Referral information

Health history							
Known health problems	Diabetes <input type="checkbox"/> Heart /kidney disease <input type="checkbox"/> Leprosy <input type="checkbox"/> Other: ✎ _____						
Foot health	Reduced blood flow <input type="checkbox"/> Loss of feeling (sensation) <input type="checkbox"/>						
Foot health history	Previous foot or leg wound <input type="checkbox"/> Previous amputation <input type="checkbox"/>						
Wound information	<i>Draw the wound on the diagram below. If more than one wound number 1, 2, 3, 4... Mark on the picture: Previous wound P Current wound U Amputation ///</i>						
Left foot				Right foot			
Top	Bottom	Outside	Inside	Top	Bottom	Outside	Inside
							
Wound location	Top of foot <input type="checkbox"/> Bottom of foot <input type="checkbox"/> End of toe <input type="checkbox"/>			Date wound started: ✎ _____			
Wound infection	No <input type="checkbox"/> Yes <input type="checkbox"/> → Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>			If yes ☞ Refer to health professional for infection management			
Wound size	Length: ✎ _____ mm		Width: ✎ _____ mm		Depth: ✎ _____ mm		
Wound depth	Superficial (skin only) <input type="checkbox"/> Deep (not to bone/tendon) <input type="checkbox"/> Very deep (to bone/tendon) <input type="checkbox"/>						
Skin problems	Wet and moist <input type="checkbox"/> Callous <input type="checkbox"/> Redness <input type="checkbox"/> Rash <input type="checkbox"/> Damaged <input type="checkbox"/>						
Wound type	Nerve damage (neuropathic) <input type="checkbox"/>		→ Offloading product is suitable				
	Poor blood flow (ischaemic) <input type="checkbox"/>		Is poor blood flow (ischaemia) being managed? Yes <input type="checkbox"/> → Continue assessment No <input type="checkbox"/> ☞ Refer to health professional for poor blood flow (ischaemia) management do not provide offloading				
	Both (neuro-ischaemic) <input type="checkbox"/>		→ RRB and/or offloading pads are suitable and ☞ Refer to health professional for poor blood flow (ischaemia) management				
Current wound management	None <input type="checkbox"/> Debridement <input type="checkbox"/> Dressing <input type="checkbox"/> Cleaning <input type="checkbox"/> Antibiotics <input type="checkbox"/> Offloading <input type="checkbox"/> X-ray <input type="checkbox"/> Dressing <input type="checkbox"/> Other: ✎ _____						

4. Offloading prescription

Foot:	Left <input type="checkbox"/> Right <input type="checkbox"/>	Product to be fitted:	Replacement <input type="checkbox"/> New <input type="checkbox"/>
Type of product:	Rigid removable boot <input type="checkbox"/>	Total contact cast <input type="checkbox"/>	Offloading pad <input type="checkbox"/>
	Toe prop <input type="checkbox"/>	Other: <i>✎</i> _____	
Frequency of wound review:	1 day <input type="checkbox"/>	2 days <input type="checkbox"/>	3 days <input type="checkbox"/> 5 days <input type="checkbox"/> 1 week <input type="checkbox"/>
	2 weeks <input type="checkbox"/>	Other: <i>✎</i> _____	
Notes:	<i>✎</i>		
Signed:			

Other information

Considerations	
Callousing	Offloading products must not add pressure on callousing. Refer for callous debridement where necessary.
Difficulty with seeing, remembering or self care	Person may need support from friend, family or carer to check feet regularly.
Previous wound or red areas	When providing offloading product, do not put pressure on these areas.
Smoking and drinking alcohol	Smoking and drinking alcohol can delay wound healing.
Therapeutic footwear	The person using an offloading product will need therapeutic footwear to wear on the other foot to balance and walk safely.
Reduced blood flow or loss of feeling	More regular checking of the foot will be needed.
Risk of falling	Consider if person needs a walking aid or wheelchair for support.
Use over uneven, rough or sandy ground	Consider if walking aid is needed for support.
Walking in wet or muddy areas	The person must not walk in wet or muddy areas. They need to keep their offloading product dry and clean.
Wound dressing	Only apply an offloading product to a wound that has a thin dressing on it. There should be no bandages. If the dressing is wet or damaged, refer immediately for wound review and redressing.