

Patient Name:
 Address:
 Date of Birth:
 NHS Number
 Consultant/Service to whom referral will be made:

Please send this form with the referral letter.

Surgery for Ingrown Toenails

Instructions for use:

Please refer to policy for full details.

Primary Care clinicians need to complete the checklist and submit with referral via eRS / Secondary Care complete the checklist and file for future compliance audit.

The CCG will only fund surgery for ingrown when the following criteria are met:

<i>In ordinary circumstances**, referral should not be considered unless the patient meets one of the following criteria.</i>	Delete as appropriate	
Patient has been seen by a community podiatrist and has a documented allergic reaction to local anaesthetic preventing treatment in the community and a general anaesthetic will be needed.	Yes	No
Patient has infection and/or recurrent inflammation due to ingrown toenail AND has high medical risk*.	Yes	No

**Medical risk is determined by the referring clinician - including, but not limited to, vascular disease, neurological disease or diabetes which are categorised as having high medical need due to the risk of neuropathic complications.*

***If clinician considers need for referral/treatment on clinical grounds outside of these criteria, please refer to the Individual Funding Request policy for further information. If patient meets the above criteria then prior approval is not required.*

