

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

**Please send this form with the referral letter.**

## Hallux Valgus Surgery

### Instructions for use:

Please refer to policy for full details, complete the checklist and file for future compliance audit.

The CCG will only fund hallux valgus surgery when the following criteria are met:

This procedure is **not** funded for cosmetic reasons or for asymptomatic or mild symptomatic hallux valgus.

<i>In ordinary circumstances*, referral should not be considered unless the patient meets <b>one</b> of the following criteria.</i>	<b>Delete as appropriate</b>	
Ulcer development over the site of the bunion or the sole of the foot <b>OR</b>	Yes	No
Evidence of severe deformity (over or under riding toes) <b>OR</b>	Yes	No
Significant and persistent pain when walking <b>AND</b> conservative measures (e.g. bunion pads / insoles / altered footwear) have failed to provide symptomatic relief in sensible shoes <b>OR</b>	Yes	No
Physical examination and X-ray show degenerative changes in the 1 <sup>st</sup> metatarsophalangeal joint, increased intermetatarsal angle and/or valgus deformity >15 degrees	Yes	No

*\*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.*