



## Creative Orthotic Solutions & London Diabetes Foot Clinic

— A Multidisciplinary Clinic —

310 Wellington Road, London, Ontario N6C 4P4 | Phone 519-432-9468 | Fax 519-432-6266 | londondiabetesfootclinic.ca

### REFERRAL FORM

#### PATIENT INFORMATION

|               |                |
|---------------|----------------|
| Patient Name: | DOB:           |
| Phone:        | Health Card #: |

#### REASON FOR REFERRAL / SERVICES REQUESTED

|                                                                                                                                                                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Current foot/ankle ulcer <input type="checkbox"/> Suspected ulcer / pre-ulcerative callus <input type="checkbox"/> Diabetic neuropathy / high-risk foot <input type="checkbox"/> Charcot foot / Charcot neuroarthropathy — acute or chronic <input type="checkbox"/> Other neuropathy / altered biomechanics |
| <input type="checkbox"/> Advanced wound assessment/care <input type="checkbox"/> Foot care / callus management <input type="checkbox"/> Orthotist/offloading assessment <input type="checkbox"/> Compression/edema assessment                                                                                                         |
| <input type="checkbox"/> Other: _____                                                                                                                                                                                                                                                                                                 |

#### CLINICAL INFORMATION

|                                                                                                                                                                   |                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Presenting problem / location:                                                                                                                                    | Duration:                                                                                   |
| Ulcer depth:<br><input type="checkbox"/> Superficial <input type="checkbox"/> Tendon/capsule <input type="checkbox"/> Bone/joint <input type="checkbox"/> Unknown | Previous/recurrent ulcer:<br><input type="checkbox"/> No <input type="checkbox"/> Yes       |
| Current/recent infection:<br><input type="checkbox"/> No <input type="checkbox"/> Yes   Treatment: _____                                                          | Osteomyelitis diagnosed:<br><input type="checkbox"/> No <input type="checkbox"/> Yes        |
| Diabetes: <input type="checkbox"/> No <input type="checkbox"/> Yes   Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Duration: _____ yrs          | Most recent HbA1c: _____ %   Date: _____                                                    |
| Relevant vascular/neurological concerns:                                                                                                                          | Hospitalized for current ulcer:<br><input type="checkbox"/> No <input type="checkbox"/> Yes |

Brief treatment history / current wound care:

#### CURRENT PROVIDERS / PERTINENT ATTACHMENTS

|                           |                                                                                                                                                                                                            |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Family Physician / NP:    | Community Nursing / OHAH: <input type="checkbox"/> No <input type="checkbox"/> Yes                                                                                                                         |
| Other involved providers: | Attached if available: <input type="checkbox"/> Med list <input type="checkbox"/> Labs <input type="checkbox"/> Imaging <input type="checkbox"/> Vascular studies<br><input type="checkbox"/> Other: _____ |

#### RELEVANT MEDICAL / SURGICAL HISTORY

☐ Neuropathy   ☐ PAD   ☐ Chronic venous insufficiency   ☐ Cardiovascular disease   ☐ CKD/nephropathy   ☐ Retinopathy   ☐ Hypertension  
☐ Other: \_\_\_\_\_

Allergies / adverse drug reactions: \_\_\_\_\_

#### REFERRING PROVIDER

|        |             |
|--------|-------------|
| Name:  | Profession: |
| Phone: | Fax:        |

#### ABOUT OUR CLINIC / FEES

**Nursing services:** Advanced lower limb/foot and wound assessment; conservative sharp debridement; advanced dressings; diabetic/neuropathic ulcer care; acute and chronic Charcot management; high-risk nail/callus care; Doppler/ABPI and neuropathy assessment; venous/edema assessment and compression; education, care planning and coordination with primary care, specialists and OHAH.

**Certified Orthotist services:** Pressure redistribution/offloading for diabetic, neuropathic and acute/chronic Charcot feet; customized compressed felt offloading; CROW walkers; AFOs; custom orthotics; footwear guidance/modification; and compression solutions. Eligible diabetic/neuropathic wound offloading is covered through Ontario Health at Home (OHAH).

**FINANCIAL BARRIERS SHOULD NOT PREVENT REFERRAL. Please refer patients of clinical concern even if ability to pay is limited; reduced-fee or no-charge care may be considered in special circumstances.**

**Nursing fees (not OHIP funded):** Self-pay: Initial \$80 | Follow-up \$60. Extended benefits: Initial \$85 | Follow-up \$80. Receipts provided.