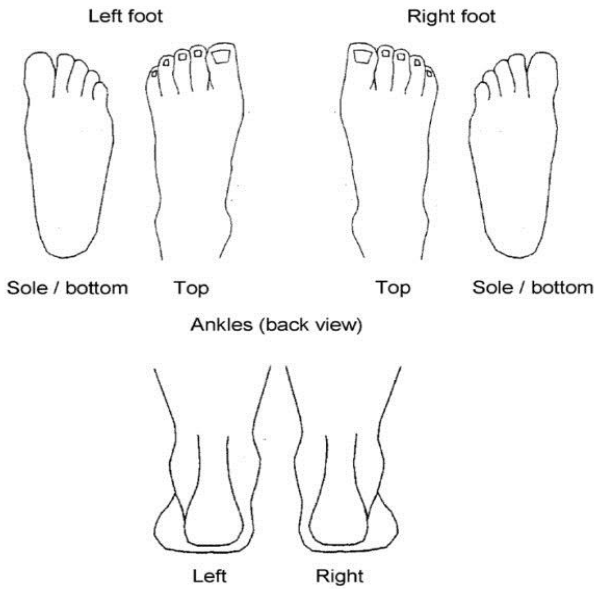


Diabetic Foot Ulcer Specialty Site Referral Form

Please complete the following form and fax to one specialty site listed in the footer.

Patient Name	Date of Request for Consultation
Health Card Number	Referring Provider
Date of Birth	Billing Number
Patient Phone Number	Office Address
Alternative Phone Number	Office Telephone Number
Language: English <input type="checkbox"/> Other _____	Office Fax Number



Please mark wound location. Wound Details (e.g. previous treatment, dressings)	
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Duration of Ulcer:	HbA1c:	Date:
	Creatinine:	Date:
Depth of Ulcer: <input type="checkbox"/> Superficial <input type="checkbox"/> Partial Thickness <input type="checkbox"/> Full Thickness <input type="checkbox"/> Bone Involvement		
Is the ulcer clinically infected? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Diabetic Foot Ulcer Risk Stratification & Referral Algorithm Score: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2a <input type="checkbox"/> 2b <input type="checkbox"/> 3a <input type="checkbox"/> 3b		
Has offloading been provided? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please indicate type: <input type="checkbox"/> Total Contact Casting <input type="checkbox"/> Removable Cast Walker <input type="checkbox"/> Custom Orthotics		

*** Please attach Cumulative Patient Profile (CPP) and send with referral

Specialty Site
 SJHC Parkwood Institute- Dr. Keast; London
 SJHC Primary Care Diabetes Support Program; London
 London Diabetic Foot Clinic- Dr. Thompson; London
 Grey Bruce Health Services- Diabetic Foot Ulcer Clinic; Owen Sound
 West Elgin Community Health Centre; West Lorne
 Alexandra Marine and General Hospital- Dr. Kittmer; Goderich

Fax
 519-685-4075
 519-645-6961
 519-432-6266
 519-371-7695
 519-768-2548
 519-524-8527