



CHIROPODY REFERRAL FORM
 Scarborough Academic Family Health Team
 Tel: 416-690-5180 Fax: 416-690-5182

Patient Information

First Name: _____ Last Name: _____
 DOB (D/M/Y): _____ Gender: _____
 Phone: _____
 Address: _____

Clinic / Physician Information:

Family Physician: _____
 Address: _____
 Phone: _____
 Fax: _____

REASON FOR REFERRAL

URGENT (Appointment within 2 weeks)

- ___ Foot Ulcer
- ___ Infected Ingrown Toenail
- ___ Traumatic Toenail Injury
- ___ Other: _____

HIGH RISK FOOT (Appointment within 4-8 weeks)

- ___ Charcot foot
- ___ Past history of foot ulceration
- ___ Previous amputation
- ___ Peripheral arterial disease
- ___ Peripheral neuropathy

NON-URGENT (Appointment prioritized based on level of risk and when time permits)

- | | |
|--|---|
| ___ Diabetic Foot Assessment and Education | ___ Hyperkeratosis/ Heel fissures |
| ___ Foot Deformities | ___ Thick/ Fungal Toenails |
| (Hallux Abducto Valgus, hammer toes) | ___ Candidate for Permanent Ingrown Toenail Surgery |
| ___ Foot Pain | (Partial or Total Nail Avulsion with Phenolization) |
| ___ Plantar Warts | ___ Other: _____ |
| ___ Painful Corns | |

***** Note: We do not provide routine foot care services for patients. *****
If ongoing foot care is recommended, a list of low-cost foot clinics in Toronto will be provided.

Please attach a list of the patient's current medications, medical history, relevant lab work and imaging reports related to the foot.

Comments: _____

PLEASE NOTE:

- We are only accepting referrals from physicians within Scarborough or the patient lives in Scarborough.
- All referrals will be seen according to level of urgency, risk and time available.
- Timeline provided above for initial appointment is a guideline only and subject to change based on demand and wait-list.
- Patients with private insurance should seek Chiropractic Services outside SAFHT.

Please fax fully completed referral form to (416) 690-5182