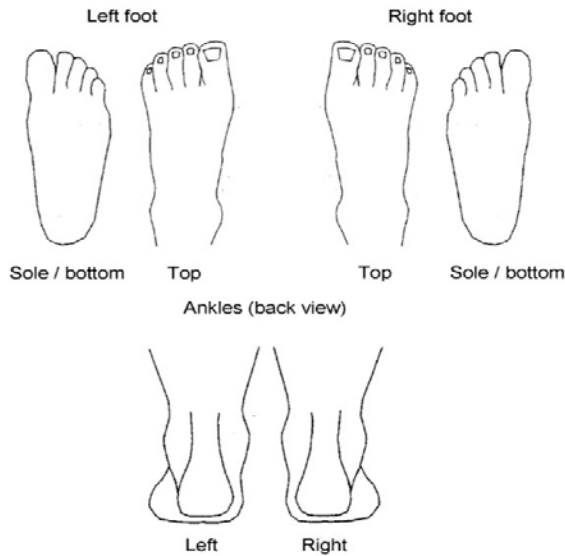


Diabetic Foot Ulcer Specialty Site Referral Form



Please complete the following form and fax to one specialty site listed below

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)

Duration of Ulcer:	HbA1c:	Date:
***Please attach Cumulative Patient Profile (CPP) and send with referral	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		

- SJHC Parkwood Institute- Dr. Keast; London
- SJHC Primary Care Diabetes Support Program; London
- West Elgin Community Health Centre; West Lorne
- London Diabetic Foot Clinic- Dr. Thompson; London

- 519-685-4075
- 519-645-6961
- 519-768-2548
- 519-432-6266

- Thames Valley FHT-Middlesex Centre, Dr. Howard; Ilderton 519-913-2899
- Alexandra Marine and General Hospital- Dr. Kittmer; Goderich 519-524-8527
- Grey Bruce Health Services-Diabetic Foot Ulcer Clinic; Owen Sound 519-371-7695