London Diabetes Foot Clinic REFERRAL FORM
Fax to: 519-432-6266 Dr. Bill Thompson

London Diabetes Foot Clinic 310 Wellington Road London, ON N6C 4P4 Ph: 519-432-9468 Clinic Ph: 519-663-3849 Referrals Fax: **519-432-6266**	Patient Name: Age: _____ years Address: Phone number:	
Able to consent to treatment?	☐ No ☐ Yes	
If No: guardian / nearest relative details:	Name: Relationship:	Contact Telephone No:

High Risk Foot: To refer patients with diabetes who have the following (Please check)

☐ Current foot ulcer (a "full thickness" lesion of skin (ie. Penetrating the dermis), located anywhere on foot or ankle) OR suspected foot ulcer (callus with underlying extravasation)

☐ Neuropathic foot and/or foot with altered bio-mechanics requiring plantar pressure reduction

Presenting Problem:

Location: _____ Duration (weeks) _____

Severity: ☐ Superficial ☐ Penetrating to tendon/capsule ☐ Penetrating to bone/joint ☐ Depth unknown

History of previous/recurrent foot ulcers ☐ **No** ☐ **Yes**

Treatment history of current problem: Attached separate sheet ☐ **No** ☐ **Yes**

Y ☐ **N** ☐ Has there been an infection of this ulcer? Treated with: _____

Y ☐ **N** ☐ Has osteomyelitis diagnosed? Treated with: _____

Y ☐ **N** ☐ Has the patient been hospitalized for the current ulcer?

☐ Other:

Health Professionals involved with wound/foot care (name):

☐ Family Physician: _____ ☐ Surgeon(s): _____

☐ Nursing: _____ ☐ CCAC (Nursing): _____

☐ Podiatrist/Chiropodist: _____ ☐ Other (professions, names) _____

☐ Wound care specialist:

Medical & Surgical History: Attached separate sheet ☐ **No** ☐ **Yes**

Duration of Diabetes: _____ years; Diabetes complications: ☐ neuropathy ☐ nephropathy ☐ retinopathy

☐ Hypertension ☐ Hyperlipidemia ☐ Obesity ☐ Cardiovascular Disease ☐ Depression ☐ Peripheral Arterial Disease

Most resent HbA1c: _____ % Date undertaken: _____

Other:

Current medications (including doses): Attached separate sheet ☐ **No** ☐ **Yes**

Allergy / Adverse Drug Reaction history:

Investigations: **ALL patients seen at the clinic with a current foot ulcer must arrive with the results of the following current tests (undertaken within the last month):**

☐ CBC

☐ HbA1C

☐ Weight bearing bilateral foot X-rays (A-P, medial oblique and med-lat views) – patient to bring films.

Please include results of all relevant tests previously undertaken (eg. Wound culture, vascular tests etc.).

Referring Physician Name: _____ Address: _____ Fax Number: _____ Date of referral: _____	Signature: