FOOT CARE CENTRE REFERRAL FORM

<table>
<thead>
<tr>
<th>Referring Health Care Provider: ____________________________</th>
<th>Foot Care To Contact Patient? □ YES □ NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician License: ____________________________ Fax: ____________</td>
<td>Patient Will Contact Clinic? □ YES □ NO</td>
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<tr>
<td>Telephone: __________________ Fax: ______________</td>
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Fluency in English? □ Yes □ No Interpreter Required? □ Yes □ No If Yes, ______________

**Diagnosis/Reason for Referral:**
- □ Plantar fasciitis
- □ Metatarsalgia
- □ Hallux valgus
- □ Hallux Rigidus
- □ Achilles tendonitis
- □ Leg Length Difference RIGHT OR LEFT IS SHORT ___ mm □ Other ____________________________________________________________________________

**Consultation and Biomechanical/Gait Examination for:**
- □ Custom Made Orthotics
- □ Either Off the Shelf or Custom Orthotics
- □ AirCast® Walking Cast □ Short (Above Ankle) □ Tall (Below Knee)
- □ Leg Length Difference Internal Shoe Lift Required _____ mm to the □ Right or □ Left Side (specify)
- □ OTHER: ____________________________________________________________________________

**THE FOOT CARE CENTRE DOES NOT PROVIDE NAIL, CALLOUS, WART, SURGICAL OR WOUND CARE**

Medical Conditions:

Current Medication: (prescription/off the shelf/alternative):

Allergies:

Signature: ____________________________ Print Name: ____________________________ Designation: ________

"Fax Disclaimer: This fax transmission contains confidential information that is intended only for the Women's College Hospital Foot Care Centre. If you are not the intended recipient, you are hereby notified that any disclosure, copying, or distribution of the contents of this fax is strictly prohibited. If you have received this fax transmission in error, please immediately notify the referring health practitioner at the telephone number provided above to arrange for the return or destruction of this document."
Women's College Foot Care Centre clinical services are provided by regulated health professionals with expertise in foot assessment, foot orthotics and lower extremity biomechanics. Our assessment process includes biomechanical foot assessment and gait analysis. As a hospital clinic, there is no consultation fee for patients with Ontario Health Insurance Plan (OHIP) coverage.

Our retail section includes off the shelf orthotics, compression stockings, and foot care products available during our regular business hours from 8:30 am to 4:30 pm (closed for lunch from 12 to 1pm).

Custom-made orthotics

- Our clinic specializes in custom-made foot orthotics.
- Our clinical services are available by appointment only and include: biomechanical foot assessment, gait analysis, custom-made orthotics, footwear advice.
- Most insurance providers require a physician’s diagnosis and prescription for orthotics and orthopaedic footwear claims.
- Check with your insurance provider regarding your coverage and specific requirements prior to your appointment in our clinic.
- **Our clinic does not provide nail or skin care.** For information on finding a Chiropodist in the community to provide those services, please contact the College of Chiropodists at 416-542-1333 or www.cocoo.on.ca

When attending your appointment in our clinic…

- Bring the footwear and orthotics that you normally wear.
- While there is no fee for consultations (for residents of Ontario covered by OHIP), there is a charge for orthotics and other products and services.
- If you are receiving funding from third party payers (Workplace Safety Insurance Board, Non-Insured Health Benefits, Ontario Disability Support Program, Ontario Works, et cetera) please notify our receptionist when booking your appointment to ensure that you see the appropriate clinician.