

## FOOT CARE CENTRE

*Specialty Clinic for Biomechanical Foot Assessment & Custom-Made Foot Orthotics*

**Clinic Location: 77 Grenville St. Toronto, Ontario**

**Mailing address: 76 Grenville St. Toronto, ON M5S 1B2**

**Telephone: 416-323-6020 Fax: 416-323-6522**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
YYYY / MM / DD

### REFERRAL & PRESCRIPTION FORM

Patient First Name: \_\_\_\_\_

Patient Last Name: \_\_\_\_\_

Patient Preferred Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Ontario Health Card OHIP #: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
YYYY / MM / DD number letters

Patient Address: \_\_\_\_\_  
# Street City Province Postal Code

Fluency in English?  No  Yes Interpreter Required?  No  Yes: \_\_\_\_\_

#### CLINICAL SERVICES REQUESTED:

Consultation / Biomechanical Foot Assessment & Gait Analysis

Custom-Made Foot Orthotics as indicated

#### DIAGNOSIS / REASON FOR REFERRAL:

Pes planus (flat feet)  Pes cavus (high arches)  Plantar fasciitis  Metatarsalgia (forefoot pain)

Hallux valgus (Bunion)  Other toe deformities  Tendonitis: \_\_\_\_\_

Foot pain  Arch pain  Heel pain  Toe pain  Leg Length Discrepancy

OTHER biomechanical / structural / functional issues: \_\_\_\_\_

**\*\* WE DO NOT PROVIDE SKIN OR NAIL CARE (eg, CALLUS, CORN, WART, SURGICAL OR WOUND CARE) \*\***

Medical Conditions: \_\_\_\_\_

Current Medications (list may be attached): \_\_\_\_\_

Allergies: \_\_\_\_\_

Print Referring Provider Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Signature: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

#### PLEASE FAX COMPLETED REFERRAL TO: 416-323-6522

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