



WOMEN'S COLLEGE HOSPITAL
Healthcare | REVOLUTIONIZED

**FAMILY PRACTICE FOOT CLINIC
REFERRAL AND PRESCRIPTION FORM**

Tel: 416-323-6020 Fax: 416-323-6522

Referral Date: ____ / ____ / ____
DD / MM / YYYY

PATIENT INFORMATION (Affix Patient Label/Identification Here)

Name: _____

Date of Birth: ____ / ____ / ____ Gender: _____
DD / MM / YYYY

Health card: _____ Version code: _____

Address: _____

Telephone: _____ Alternate #: _____

CLINIC LOCATION: 77 Grenville Street, 1st Floor (across street from the Women's College Hospital building)

Mailing address: Women's College Hospital, Foot Care Centre, 76 Grenville St., Toronto, Ontario, M5S 1B2

ADDITIONAL REQUIRED PATIENT INFORMATION

- OHIP (Ontario Health Insurance Plan) ODSP*/ OW (Ontario Disability Support Program)/OW (Ontario Works)
- Self-pay NIHB* (Non-Insured Health Benefits) ***must bring proof of enrollment**
- Other: _____ WCH Family Practice

Interpreter required: No Yes, Language spoken: _____

Allergies: _____

REFERRING PROVIDER INFORMATION

Name: _____ Billing #: _____

Address: _____

Telephone: _____ Signature: _____

Fax: _____

REASON FOR REFERRAL

Diagnosis/chief complaint: (Indicate reason for referring patient)

- Thickened or elongated nails Pes cavus (high arches) Plantar fasciitis (heel pain)
- Calluses or corns Leg length discrepancy Metatarsalgia (forefoot pain)
- Diabetic foot assessment & education Arch pain Pes planus (flat feet)
- Ingrown toe nail (conservative care only) Hallux valgus (bunions) Other: _____

CLINICAL SERVICES AND/OR PRODUCTS REQUIRED

- Routine nail and foot care treatment
- Foot health education

The services below are only available to ODSP, OW, NIHB clients and patients of WCH Clinics and Family Practice:

- Consultation: Biomechanical foot assessment & gait analysis
- Custom or off the shelf foot orthotics at therapists' discretion
- Foot health education and footwear recommendations

CLINICAL INFORMATION FINDINGS:

Please include any other related medical history, diagnostic/clinical information:

Please include all relevant investigations/results for the patient including diagnostic imaging reports (e.g. foot X-Ray, CT, MRI), current medication list, blood work (CBC), pathology reports and consultations.

Fee Schedule: Custom foot orthotics \$500 for one pair. Other foot care products available for a fee.

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