



# Champlain Diabetes Chiropody Program - Referral Form

Please Fax *Completed* Referral to **613-774-7241**

Tel: **613-783-7760** Toll free: **1-888-220-8010**



**All incomplete forms will be returned to the referring provider.**

**Admission to services is not guaranteed.**

**Our clinics provide services for diabetic foot ulcers.**

**We do not provide routine foot care.**

**Referring Provider:** \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
**Fax Number:** (\_\_\_\_) \_\_\_\_\_ Request communication back?  Yes  No

### Client Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender:  Male  Female  Trans male  Trans female  Intersex  Two-Spirit  Please specify: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

OHIP#: \_\_\_\_\_ V.C. \_\_\_\_\_ Family MD/NP: \_\_\_\_\_

Language:  English  French  Please Specify: \_\_\_\_\_  Interpreter required (Check box)

Client has:  Type 1 Diabetes  Type 2 Diabetes (Insulin, Oral and/or Diet)  Pre Diabetes Client HbA1C: \_\_\_\_\_

History of present illness: Attached

\_\_\_\_\_

Relevant medical conditions: Attached

\_\_\_\_\_

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

Medications: Attached  \_\_\_\_\_

Imaging/Lab results: Attached  \_\_\_\_\_

Client has been referred to:  Diabetes Education Program,  Home and Community Care (nursing wound care),  
 Infectious Disease Physician,  Vascular Surgeon,  Vascular Diagnostic Centre

### Criteria for referral:

- Diabetic Foot Ulcer** (With at least **one** of the following):
- Palpable pedal pulses
- ABI greater than 0.7 calculated from dorsalis pedis AND posterior tibial arteries \_\_\_\_\_
- Toe Brachial Index greater than 0.4 \_\_\_\_\_

**Specify ulcer location(s)  
on the foot diagram**

**For all clients with suspected peripheral arterial disease and foot ulcer(s), please arrange extremity arterial duplex scan with TBI measurements, and provide report if available.**

### Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

