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 __________________________

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:

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Specify ulcer location(s) on the foot diagram