**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 <u>incomplete</u> forms will be returned to the referring provider.**
**<u>Admission to services is not guaranteed.</u>**
**Our clinics provide services for diabetic foot ulcers. We *<u>do not</u>* 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: ❑ Woman ❑ Man ❑ Non Binary ❑ Two-Spirit ❑ Questioning/Unsure ❑ Gender fluid or gender queer
❑ Do not know ❑ Prefer not to answer ❑ Another Gender Identity - 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

* For all clients with suspected peripheral arterial disease and foot ulcer(s), please refer to a vascular surgeon, arrange extremity arterial duplex scan and provide reports if available

* For all clients with a diabetic foot ulcer, please also refer client to Ontario Health at Home for nursing wound care.

**<u>Criteria for referral</u>:**

❑ **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 below**



**Additional Comments:**

_____
_____
_____
_____
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