



Patient Name _____

Date of Birth DD / MONTH / YYYY _____

Primary Ph. _____ Alt. Ph. _____

Address _____

PHN/ULI _____

REFERRING PROVIDER

Name _____

Prac ID _____

Address _____

Phone _____ Fax _____

REFERRAL INFORMATION

(Select all that apply)

DIABETES

- Type 1 Diabetes
- Type 2 Diabetes
- Unsure / Other
(Describe below)

Please Select:

- Dr. Antonia Barnes, Endocrinology
- Dr. Shiva Nandiwada, Internal Medicine
- Dr. Daniel Shafran, Internal Medicine
- First Available

ENDOCRINOLOGY

- Hyperthyroid
- Thyroid Nodules
- Adrenal: _____
- Reproductive: _____
- Calcium: _____
- Pituitary: _____
- Other
(Describe below)

HIGH RISK FOOT CLINIC

WOUND CARE

- Open Wound Below Knee
- Diabetic Foot Ulcer
- Arterial Ulcer
- Venous Ulcer
- Ulcer NYD / Other
(Describe below)

- Charcot Foot (Acute)

Only referrals for an open wound below the knee or suspected acute Charcot will be accepted.

Additional Information (optional, e.g. to assist with triage):

PREVENTATIVE FOOT CARE*

- Routine Diabetic Foot Care
- Thickened/Fungal Nails
- Callus/Corn Removal
- Neuropathy
- Ingrown Toenails
- Hammer Toes

COUNSELLING*

- Kayla Chorley,
Canadian Certified Counsellor

*PLEASE NOTE: Preventative foot care and counselling are not covered by Alberta Health, but may be reimbursed by private insurance.