Humber River Hospital
Lighting New Ways in Healthcare™

Foot Care Referral Form
1235 Wilson Avenue 4th Floor
Medical/Surgical Clinics
Toronto, Ontario M3M 0B2
Telephone: (416) 242-1000 ext.23400
Fax: (416)242-1094

To be completed by referring Physician/ Nurse/ Health Care Practitioner (HCP)

Patient Name: **MRN H#**	**Gender:** ☐ Male ☐ Female	**Date of Birth (dd/mm/yy)**
Address:	**City:**	**Postal Code:**
Home Phone:	**Work Phone:**	**Ontario Health Card & Version Code:**
Family Physician:		**Phone:**

Speaks English? ☐ **Yes** ☐ **No** **Language Preference** _____

Nursing Foot Care and Education for the following concerns:

Nails:	☐ Poor foot hygiene	☐ Inappropriate footwear	☐ Skin or nail fungus
Skin:	☐ Callus(es)/Corns	☐ Cracked heels corns	☐ Limited self-care ability_____
Education:	☐ Limited knowledge	☐ Client does not check feet	☐ Client does not report to HCP

LOW RISK	MODERATE RISK
☐ No Abnormality	☐ Skin Abnormality (skin barrier intact)
☐ No Structural Deformity	☐ Structural Deformity (toes, foot)
☐ *(nails, toes, foot)*	☐ Onychomycosis (nail infection)
☐ No Vascular Problems	☐ Limited Mobility (ROM toes, ankle)
☐ No Loss of Protective Sensation	☐ Loss of Protective Sensation
	☐ Vascular Problems (absent pulses, cold skin, cyanosis / pallor)

Significant Medical History:	☐ Type 1 Diabetes	☐ Type 2 Diabetes
☐ Cardiovascular Disease	☐ Neuropathy	☐ Pre-Diabetes
☐ Retinopathy	☐ Nephropathy	☐ Allergies:_____
☐ Other/ Comments:		

Contact Person (i.e., Family Member, Power of Attorney, etc.):_____
Relationship: _____ Phone # _____

Referring: Physician/Nurse/HCP: _____ CPSO#: _____
(Print)
Billing # _____ Phone # _____Fax # _____
Signature: _____ Date: _____

PLEASE FILL OUT THE FORM COMPLETELY AND CLEARLY TO FACILITATE PROCESSING

(Please see other side for exclusion/ inclusion criteria for services provided by foot care nurse)

Form # 000852, version (04-2021)

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Referral Criteria

**Each referral will be triaged by the Foot Care Nurse to determine if referral is appropriate and to determine urgency of appointment bookings.

Inclusion Criteria

- **Must be a patient of Humber River Hospital**
- Priority will be given to patients with moderate risk
- Diagnosis of Diabetes
- Limited self-care abilities and not currently receiving foot care treatment
- Light to moderate calluses/Corns
- Cracked Heals without infection.
- Overgrown/ingrown toe nails without infection
- Fungal nails
- Poor foot hygiene

Exclusion Criteria

- Patients at Low Risk and have foot care services currently arranged
- Foot care received within the last 3-6 months
- Signs & symptoms of infection/cellulitis in nails or feet
- Heavy callosity requiring sharp debridement
- Complex wounds on the feet