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/ 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:**	
English Speaking? ☐ Yes ☐ No	**List Language Preference** _____	
Foot Care Concerns: See other side for exclusion/ inclusion	☐ Diabetic Foot Risk Assessment score_____ (if available)	

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	HIGH RISK
☐ No abnormality ☐ No Structural Deformity ☐ *(nails, toes, foot)* ☐ No vascular problems ☐ No LOPS	☐ Skin Abnormality *(skin barrier intact)* ☐ Structural Deformity *(toes, foot)* ☐ Onychomycosis *(nail infection)* ☐ Limited Mobility *(ROM toes, ankle)* ☐ Loss of Protective Sensation ☐ Vascular Problems *(absent pulses, cold skin, cyanosis/ pallor)*	☐ Skin Breakdown (Skin barrier **not** intact) ☐ Ulcer (Past or present) Date_____ ☐ Amputation Date_____

Significant Medical History:	☐Type 1 Diabetes	☐Type 2 Diabetes
☐ Cardiovascular Disease	☐ Neuropathy	☐ Pre-Diabetes
☐ Retinopathy	☐ Nephropathy	☐ Allergies:_____
☐ Wound concerns (Refer to wound care first.)	☐ Other/ Comments:_____	

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

Relationship: _____ Phone # _____

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

PLEASE FILL OUT THE FORM COMPLETELY AND CLEARLY TO FACILITATE PROCESSING

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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
- Calluses/Corns
- Cracked Heals
- Overgrown/ingrown toe nails
- 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
- Complex wounds on the feet