

# Podiatry Referral Form



**MyFootDr.**

Healthy feet. Better lives.

## Patient Details

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date Of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Medicare No: \_\_\_\_\_

## Presenting Complaints

### Please bring along...

- This referral form
- Foot, leg or back X-rays
- Appropriate clothing for lower limb assessment
- Medical history and medication list
- Private health fund card (if applicable)
- Medicare card (for Team Care Arrangements)

## Treatment(s) Required (see list on right)

- Routine Footcare (skin and nail care)
- Custom Foot Orthotics
  - Rigid  Soft  UCBL
- Orthotic Bracing
  - SMO  Solid AFO  Articulated AFO
- Orthopaedic Footwear
  - Custom  Prefab  Modified Prefab
- Footwear Modifications \_\_\_\_\_
- Splints (hallux valgus, plantar fascial)
- Diabetic Footcare (annual neurovascular assessment, ABI/Doppler, ulcer Mx)
- Sports Injury Management
- Minor Surgery
  - Ingrown Toenail  Wart
- Post Surgical Rehabilitation and Aids
- TAG Brace (100% Foot Offloading)
- Extracorporeal Shockwave Therapy

## Referring Doctor's Details

Doctor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Patient Health Cover

- Private: \_\_\_\_\_
- Medicare Team Care Arrangement (Visits: \_\_\_\_ / 5)
- DVA / D904
- WorkCover Queensland
- Other: \_\_\_\_\_