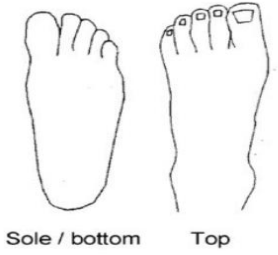
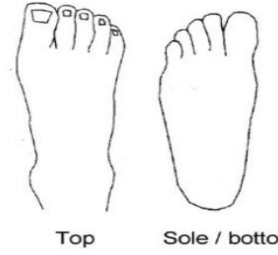

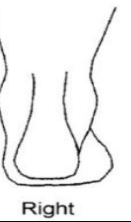


Diabetic Foot Ulcer Clinic Referral Form

Fax 519-378-1451

****Incomplete Referrals Will Not be Accepted****

Clinic Information: This clinic consists of a Nurse Practitioner, Chiroprapist, Wound Care RN, RD, CDE and Social Worker.
It is not associated with any surgical services.

Patient Name:	HCN:																																		
DOB:	Referring HCP:																																		
Phone Number:	Contact:																																		
Indicate wound location on the diagram below:																																			
<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>Left foot</p>  <p>Sole / bottom Top</p> </div> <div style="text-align: center;"> <p>Right foot</p>  <p>Top Sole / bottom</p> </div> </div> <p style="text-align: center;">Ankles (back view)</p> <div style="display: flex; justify-content: space-around;">   </div> <p style="text-align: center;">Left Right</p>	<table border="1"> <tr> <td colspan="2">Wound Details</td></tr> <tr> <td>Is that an ulcer present?</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr> <tr> <td>Is the ulcer clinically infected?</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr> <tr> <td>Is there exposed tendon?</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr> <tr> <td>Is there exposed bone?</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr> <tr> <td>Is there necrotic tissue?</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr> <tr> <td>Osteomyelitis?</td><td><input type="checkbox"/> Confirmed <input type="checkbox"/> Suspected</td></tr> <tr> <td colspan="2">History</td></tr> <tr> <td>Previous amputations?</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr> <tr> <td>Previous ulcers?</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr> <tr> <td>Palpable pulses?</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr> <tr> <td colspan="2">Duration of Ulcer:</td></tr> <tr> <td colspan="2">Hgb A1C:</td></tr> <tr> <td colspan="2">Date completed:</td></tr> <tr> <td>Previous treatments/ dressings:</td><td>List antimicrobials used:</td></tr> <tr> <td colspan="2">Imaging/ diagnostics completed:</td></tr> <tr> <td>Signature:</td><td>Date:</td></tr> </table>	Wound Details		Is that an ulcer present?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the ulcer clinically infected?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there exposed tendon?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there exposed bone?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there necrotic tissue?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Osteomyelitis?	<input type="checkbox"/> Confirmed <input type="checkbox"/> Suspected	History		Previous amputations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Previous ulcers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Palpable pulses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Duration of Ulcer:		Hgb A1C:		Date completed:		Previous treatments/ dressings:	List antimicrobials used:	Imaging/ diagnostics completed:		Signature:	Date:
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