



Dr. Ata Stationwala B.Sc., D.Ch., Podiatrist Prof. Corp.
Referral Form



300A-99 Diefenbaker Dr. Moose Jaw. Saskatchewan, S6J 0C2
 Phone# (306) 694-FEET (3338) Fax# (306) 691-3608

RE:	Name:	SK Health #:
	Address:	DOB: Female Male
	Postal Code:	TEL: home: work:

Date of Referral: _____

Referring Practitioner:
Specialty:
Address:
Postal Code:
TEL:
FAX:

Family Physician:
Address:
Postal Code:
TEL:
FAX:

PRIORITY CRITERIA FOR PODIATRY REFERRAL

MEDICAL (predominant medical condition)

DETAILS:

Category A

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Diabetes mellitus | <input type="checkbox"/> Neuropathy | <input type="checkbox"/> Peripheral Vascular Disease | <input type="checkbox"/> Steroid Therapy |
| <input type="checkbox"/> Rheumatoid Arthritis | <input type="checkbox"/> Immunosuppression | <input type="checkbox"/> Anticoagulant Therapy | |

Category B

- | | |
|--|---|
| <input type="checkbox"/> CVA | <input type="checkbox"/> Neurologic (e.g. Parkinsons) |
| <input type="checkbox"/> Cardiopathies | <input type="checkbox"/> Raynaud's Disease |

Category C

- | | | | |
|--|--|---|------------------------------------|
| <input type="checkbox"/> Arthropathies | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Short Term Rehab | <input type="checkbox"/> Pediatric |
| <input type="checkbox"/> Physical disability | <input type="checkbox"/> Learning disability | <input type="checkbox"/> Terminal illness | |
| <input type="checkbox"/> Endocrine/Metabolic | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Psychiatric | |

Category D

Good Health

PAIN (specific to presenting foot condition)

DETAILS:

Objective

- Constant (on weight bearing and at rest)
 Intermittent
 Sporadic

Subjective

- Excruciating
 Distressing
 Mild

PODIATRIC

DETAILS:

- | | | |
|--------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Ulcer | <input type="checkbox"/> Ingrown Nail | <input type="checkbox"/> Infection at site |
|--------------------------------|---------------------------------------|--|
- Biomechanical abnormality, orthotics, and inflammatory conditions (eg. Bursitis, tendonitis)

Skin Condition:

- | | | |
|------------------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Callosity | <input type="checkbox"/> Corn | <input type="checkbox"/> Verruca |
| <input type="checkbox"/> Fissures | <input type="checkbox"/> Blisters | <input type="checkbox"/> Foreign body |

Nail Condition:

- | | | | |
|-------------------------------------|--|--|--|
| <input type="checkbox"/> Involution | <input type="checkbox"/> Onychomycosis | <input type="checkbox"/> Simple Thickening | <input type="checkbox"/> Onychogryphosis |
|-------------------------------------|--|--|--|

Health Education – footwear advice, general footcare/nailcare advice

The current initial consultation fee for podiatry services is \$85