

**FOOT ULCER TREATMENT & ASSESSMENT CLINIC
REFERRAL FORM
MARTIN FAMILY CENTRE**

Fax to: (416) 864-5612

Clinic Criteria*:

- Diabetic/neuropathic foot ulcers
- Palpable pedal pulses
- Ulcers at the level of the ankle (mid-malleolus) or below
- Ulcers that are *infection free and do not probe deep to joint or bone*
- Surgical nail procedures (permanent avulsion) in medically stable patients

**Referrals not meeting the above criteria will not be accepted.*

Referring MD: _____

Telephone: () _____ - _____

Fax: () _____ - _____

History/Physical:

Patients with Diabetes

Most recent HbA1c: _____

Medications:

Investigations (if available):

1. For all foot ulcers please order **STANDING AP and LATERAL foot and ankle x-rays** prior to referral, and provide report (if available).
2. For all patients with suspected peripheral arterial disease and foot ulcer(s), please arrange **lower extremity arterial duplex scan with, ABI's, TBI's & TcPO₂ measurements**, and provide report (if available) prior to appointment.