

Adressograph

## FOOT ULCER TREATMENT & ASSESSMENT CLINIC REFERRAL FORM

### MARTIN FAMILY CENTRE

**Clinic Criteria:**

- Diabetic/neuropathic foot ulcers
- Ulcers at the level of the ankle (mid-malleolus) or below (foot)
- Palpable pedal pulses

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

**\*\*Martin Family Centre: 416-864-6060 x6100**  
**(Fax): 416-864-5612**

---

**Investigations:**

- For all foot ulcers please order **STANDING AP and LATERAL foot and ankle x-rays** prior to referral and provide report if available
- For all patients with suspected peripheral arterial disease and foot ulcer(s), please arrange **lower extremity arterial duplex scan with, TBI's measurements**, and provide report if available
- For patients with diabetes – most recent A1c**

Referring MD: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ - \_\_\_\_\_

Fax: (    ) \_\_\_\_\_ - \_\_\_\_\_

History/Physical:

Patients with Diabetes

MOST recent HbA1c: \_\_\_\_\_

Medications:

Allergies:

\_\_\_\_\_

Date

\_\_\_\_\_

Physician's signature