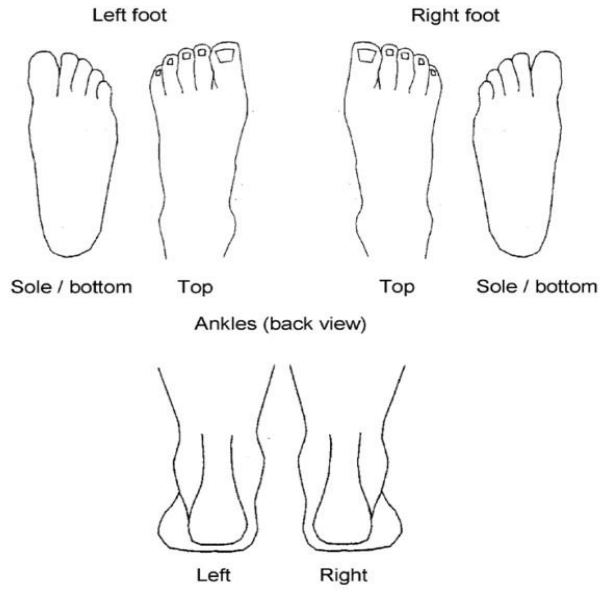
Diabetic Foot Ulcer Specialty Site Referral Form

Please complete the following form and fax to one specialty site listed in the footer.

Patient Name	Date of Request for Consultation
Health Card Number	Referring Provider
Date of Birth	Billing Number
Patient Phone Number	Office Address
Alternative Phone Number	Office Telephone Number
Language: English ☐ Other_____	Office Fax Number



Please mark wound location.
Wound Details (e.g. previous treatment, dressings)

Duration of Ulcer:	HbA1c: Date:
	Creatinine: Date:

Depth of Ulcer: ☐ Superficial ☐ Partial Thickness ☐ Full Thickness ☐ Bone Involvement

Is the ulcer clinically infected? ☐ Yes ☐ No

Diabetic Foot Ulcer Risk Stratification & Referral Algorithm Score:

☐ 0 ☐ 1 ☐ 2a ☐ 2b ☐ 3a ☐ 3b

Has offloading been provided? ☐ Yes ☐ No

If yes, please indicate type: ☐ Total Contact Casting ☐ Removable Cast Walker ☐ Custom Orthotics

***Please attach Cumulative Patient Profile (CPP) and send with referral

Specialty Site	Fax	Specialty Site	Fax
SJHC Parkwood Institute Wound Clinic; London	519-685-4075	South East Grey Community Health Centre; Markdale	519-986-3999
SJHC Primary Care Diabetes Support Program; London	519-645-6961	London Family Health Team; London	519-471-7734
London Diabetic Foot Clinic; London	519-432-6266	Oxford County Community Health Centre; Woodstock	519-539-9111
Grey Bruce Health Services- Diabetic Foot Ulcer Clinic; Owen Sound	519-371-7695	Central Community Health Centre; St. Thomas	519-633-8467
West Elgin Community Health Centre; West Lorne	519-768-2548	Alexandra Hospital; Ingersoll	519-485-9601
Alexandra Marine and General Hospital; Goderich	519-524-8527		

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