

Diabetic Foot Ulcer Specialty Site Referral Form



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

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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		
Left foot Right foot Sole / bottom Top Top Sole / bottom Ankles (back view) Left Right	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?			
Diabetic Foot Ulcer Risk Stratification & Referral Algorithm Score:			
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 Marine and General Hospital; Goderich	519-524-8527		