

REFERRAL FORM

Please note: Admission to service is not guaranteed

CLIENT INFORMATION :

Name: _____

Date of Birth: _____ OHIP# _____ Version: _____ Exp: _____

Address: _____ City: _____ Postal Code: _____

Phone Number: (Home) _____ (Work): _____

Patient gives verbal consent to leave message on answering machine or with family member.

Referring Physician: _____ Date: _____

Referring Source: D.E.C FHT CHC Community Physician Hospital **Other** _____

Patients will be triaged based on risk factors, level of need, self care capacity and resources

All patients and caregivers are encouraged to attend the free Diabetic Foot Health Education classes in order to learn Safe Self Assessment and Self Care Practices

Please check eligibility criteria below:

- Diagnosis of : **Type 1 Diabetes** **Type 2 Diabetes** **A1C** _____
- Patient has financial or cultural barriers to obtain foot care services.
- Patient **does not** have an existing foot ulcer, which is infected and or deeper that 5mm.
- Patient has an urgent issue needing immediate attention & can travel to any of our satellite clinics if need be.
- Patient is at high to moderate risk of foot complications because of their Diabetes with one or more of the following risk factors (mark all that apply):

To complete please use Risk Assessment Tool on reverse and circle appropriate risk level:

TOTAL SCORE <i>Please indicate score number :</i>		0-5 LOW	6-11 MODERATE	>12 HIGH
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OTHER RISK FACTORS:

<input type="checkbox"/> Physical disability	<input type="checkbox"/> Retinopathy
<input type="checkbox"/> Can't see feet	<input type="checkbox"/> Smoking
<input type="checkbox"/> Can't reach feet	<input type="checkbox"/> Boney Prominences
<input type="checkbox"/> Foot deformities	<input type="checkbox"/> Anticoagulation therapy

Comments: _____

Please FAX to the appropriate Feet First Clinic (please include both sides of referral form)

- Hamilton/Burlington/Stoney Creek **905 667-8859** (phone 905 523-0090)
- Niagara :St-Catharines/Niagara Falls/NOTL **905 688-2228** (phone 905 688-2223)
- Niagara: Welland/Port Colborne/Fort Erie **905 688-2228** (phone 905 688-2223)
- Haldimand Norfolk:Simcoe/Dunnville/Hagersville **289-820-7855** (phone 289 820-7024)
- Brantford **289-820-7855** (phone 289 820-7024)

PHYSICIANS : *If you would like a report from the Foot Care provider please check here*
Fax number for report copy to be sent : _____

PLEASE NOTE: ALL INCOMPLETE FORMS WILL BE RETURNED*

60 SECOND FOOT SCREEN FOR PATIENTS WITH DIABETES



STOP/LOOK

**STEP 1
LOOK – 20 SECONDS**

SKIN

- 0 = intact/healthy
- 1 = crack, fungus, calluses
- 2 = heavy callus
- 3 = open ulcer or previous ulcer

NAILS

- 0 = well kept
- 1 = unkempt// thick
- 2 = damaged, infected

DEFORMITY

- 0 = no deformity
- 1 = mild deformity
- 2 = major deformity

FOOTWEAR

- 0 = appropriate
- 1 = inappropriate
- 2 = causing trauma



TOUCH

**STEP 2
TOUCH – 10 SECONDS**

TEMPERATURE - HOT

- 0 = foot warm
- 1 = inflamed
- 2 = edema

TEMPERATURE - COLD

- 0 = foot is warm
- 1 = foot is cold/ cyanotic

RANGE OF MOTION

- 0 = full range to hallux
- 1 = hallux limitus
- 2 = hallux rigidus
- 3 = hallux amputation

ERYTHEMA

- 0 = no
- 1 = yes



ASSESS

**STEP 3
ASSESS - 30 SECONDS**

**SENSATION –
MONOFILAMENT TESTING**

- 0 = 10 sites detected
- 2 = 7 to 9 sites detected
- 3 = 0 to 6 sites detected

ASK 4 QUESTIONS

- Are your feet ever numb?
- Do they ever tingle?
- Do they ever burn?
- Do they ever feel like insects are crawling on them? Relentless pain? (1-10/ 10 pain scale)
- 0 = no to all questions
- 1 = yes to any questions

PEDAL PULSES

- 0 = present
- 1 = absent

DEPENDANT RUBOR

- 0 = no
- 1 = yes

**STOP/LOOK
SCORE :**

**TOUCH
SCORE :**

**ASSESS
SCORE :**

**TOTAL
SCORE :**

- | | | |
|--------------------|-------------------------|-----------------|
| SCORE = 0 – 5 | = yearly screen | = LOW RISK |
| SCORE = 6 – 11 | = screen every 6 months | = MODERATE RISK |
| SCORE = 12 to more | = screen every 3 months | = HIGH RISK |