

Referral Form for Saskatoon Foot and Ankle Clinic

www.saskfootankle.com

PATIENT LAST NAME:

PATIENT FIRST NAME:

DOB:

HSN:

GENDER:

ADDRESS:

CITY:

PC:

HOME #:

CELL#:

WORK#:

REFERRING DOCTOR:

PHONE:

FAX:

1. Foot and Ankle Specific History:

2. Foot and Ankle Clinical Findings:

3. Standing X-ray Imaging Results:

(Please include x-ray report.)

4. Is this consultation for

Advice Surgery Unsure

***** If for advice or unsure, this referral will be sent to the Foot and Ankle Primary Care Assessment Clinic, rather than the surgical clinic. *****

5. Is this patient a surgical candidate?

Non-smoker Hb A1c \leq 7

Must be 8 weeks nicotine-free prior to elective foot and ankle surgery. Hb A1c must be \leq 7 prior to elective foot and ankle surgery.

*****If not a surgical candidate, but needs advice re non-op treatment, will be sent to the foot and ankle screening clinic.*****

For non-surgical treatment of common foot and ankle conditions, please see our website: www.saskfoot-ankle.com

Foot and Ankle Primary Care Assessment Clinic: Dr Canaday, Hounjet, or Lange

Phone 306 244-0766 Fax: 306 808-2595

Foot and Ankle Surgical Clinic: Dr. Rees Phone: 306 244-4433, Dr. Thiessen Phone: 306 244-5533, Dr. Kolla

Phone: 306 244-8833. Dr Kulyk Phone 306 244 5544, Fax: 306 244-4464 or 306 244-4545