**Referral Form for Saskatoon Foot and Ankle Clinic**

[**www.saskfootankle.com**](http://www.saskfootankle.com)

**PATIENT LAST NAME: PATIENT FIRST NAME:**

**DOB: HSN: GENDER:**

**ADDRESS: CITY: PROV: 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 ≤ 7**

**Must be 8 weeks nicotine-free prior to elective foot and ankle surgery.**

**Hb A1c must be ≤ 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.saskfootankle.com**](http://www.saskfootankle.com)

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**Dr. Rees Phone: 306 244-4433, Dr. Thiessen Phone: 306 244-5533, Dr. Kolla Phone: 306 244-8833**

**Fax: 306 244-4464 or 306 244-4545**