

Referral Form for Saskatoon Foot and Ankle Clinic

www.saskfootankle.com

PATIENT LAST NAME:

DOB:

ADDRESS:

HOME #:

PATIENT FIRST NAME:

HSN:

CITY:

CELL#:

PROV:

GENDER:

PC:

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.saskfoot-ankle.com

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