

Podiatry Referral Form



MyFootDr.

Healthy feet. Better lives.

Patient Details

Name: _____

Address: _____

Date Of Birth: ____ / ____ / ____

Medicare No: _____

Presenting Complaints

Please bring along...

- This referral form
- Foot, leg or back X-rays
- Appropriate clothing for lower limb assessment
- Medical history and medication list
- Private health fund card (if applicable)
- Medicare card (for Team Care Arrangements)

Treatment(s) Required (see list on right)

- Routine Footcare (skin and nail care)
- Custom Foot Orthotics
 - Rigid Soft UCBL
- Orthotic Bracing
 - SMO Solid AFO Articulated AFO
- Orthopaedic Footwear
 - Custom Prefab Modified Prefab
- Footwear Modifications _____
- Splints (hallux valgus, plantar fascial)
- Diabetic Footcare (annual neurovascular assessment, ABI/Doppler, ulcer Mx)
- Sports Injury Management
- Minor Surgery
 - Ingrown Toenail Wart
- Post Surgical Rehabilitation and Aids
- TAG Brace (100% Foot Offloading)
- Extracorporeal Shockwave Therapy

Referring Doctor's Details

Doctor's Name: _____

Address: _____

Signed: _____ Date: ____ / ____ / ____

Patient Health Cover

- Private: _____
- Medicare Team Care Arrangement (Visits: ____ / 5)
- DVA / D904
- WorkCover Queensland
- Other: _____