FOOT & ANKLE
Health Center

Foot & Ankle Health Center - Referral Form

5716 West 95th Street
Oak Lawn, IL 60453
P: 708-576-8814
F: 708-576-8598

PATIENT'S DETAILS

Title: First Name(s): Last Name:

☐ Male ☐ Female D.O.B:

Address (incl. postcode):

Daytime contact number: Alternative contact number:

CARETAKER'S DETAILS (if applicable)

Name: Relationship to patient:

Daytime contact number: Alternative contact number:

PRIMARY CARE PHYSICIAN'S DETAILS

Date of referral: PCP's Name:

Contact number: Fax number:

Contact address:

GENERAL NEEDS OF THE PATIENT

Is an interpreter required? ☐ No ☐Yes, if Yes please state language required?

Does the patient have a learning disability? ☐ No ☐Yes

Are you aware of the any social issues that may affect this referral? ☐No ☐Yes, please specify:

Reason for referral

Does the patient have lower limb ischaemia?	Yes ☐	No ☐
Does the patient have a current ulcer?	Yes ☐	No ☐
Does the patient have pathological nails?	Yes ☐	No ☐
Does the patient have a corn and/or callus?	Yes ☐	No ☐
Does the patient have an open wound?	Yes ☐	No ☐
Is the patient under the care of a vascular team?	Yes ☐	No ☐
Does the patient have micro vascular disease?	Yes ☐	No ☐
Does the patient have Diabetes Mellitus?	Yes ☐	No ☐
Is the patient immune-compromised, or taking TNF blockers?	Yes ☐	No ☐

MEDICATION / ADDITIONAL INFORMATION / CLINICAL FINDINGS

Please document if any (please attach medical records):

Please return this referral form to the Foot & Ankle Health Center:

Email: sogoyaldpm@gmail.com
Fax: 708-576-8598