Podiatry Referral

Thomistic Health · 136 Coxs Road, North Ryde NSW 2113

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REFERRING PRACTITIONER

Name

Practice

Provider number

Phone

Email

PATIENT

Full name

Date of birth

Phone

Address

Medicare number (if applicable)

REFERRAL TYPE

- ☐ Medicare care plan (CDM/EPC)
- ☐ DVA
- ☐ NDIS (self or plan managed)
- ☐ Private
- ☐ Other

Number of Medicare-subsidised podiatry services referred (if care plan)

Referral date

REASON FOR REFERRAL

- ☐ Diabetes foot assessment
- ☐ Nail care / ingrown toenail
- ☐ Nail surgery or nail bracing
- ☐ Heel / arch pain
- ☐ Sports or musculoskeletal injury
- ☐ Biomechanics / orthotics
- ☐ Corns / calluses / skin care
- ☐ Children's feet
- ☐ Other (see below)

Details and clinical question

RELEVANT HISTORY

- ☐ Diabetes
- ☐ Peripheral neuropathy
- ☐ Peripheral arterial disease
- ☐ History of foot ulcer
- ☐ Anticoagulants
- ☐ Immunosuppression

Other relevant history, medications and allergies

URGENCY

- ☐ Routine
- ☐ Soon (within 1–2 weeks)
- ☐ Urgent: please call the clinic

REFERRER SIGNATURE

Signature

Date

Please email the completed form to admin@thomistichealth.com.au, or give it to your patient to bring to their first appointment.
We report back at the start and end of each care plan referral, and sooner if anything needs your attention. · Thomistic Health Group Pty Ltd