

Foot and Ankle Referral Request for Consultation



Edmonton Bone and Joint Centre
2068, 9499 – 137 Avenue,
Edmonton, Alberta T5E 5R8
Phone: 780.433.3155
Fax: 780-457-4393

This referral is not to be used for urgent referrals (e.g. fractures/tendon ruptures)
 Call the Orthopaedic Consult Line: 1-800-282-9911

PATIENT INFORMATION:

Last Name _____ First Name _____ PHN: _____ - _____
 Gender Male Female Date of Birth ____/____/____
D M Y
 Address: _____ City: _____ Postal Code: _____
 Phone: (____) _____ Alt. Phone: (____) _____ Email: _____

REFERRING PHYSICIAN INFORMATION:

Name _____ Pracid: _____
 Address: _____ City: _____ Postal Code: _____
 Phone: (____) _____ Fax: (____) _____ Email: _____

REASON FOR REFERRAL (please attach relevant history):

Affected side: Right Left Bilateral

Ankle:

- Ankle Arthritis Ankle Instability Talus OCD Achilles Tendinopathy Painful Hardware Ankle Pain NYD
- Other Specify: _____

Foot:

- Midfoot Arthritis Hallux Valgus Hallux Rigidus Toe Deformity Charcot Foot Plantar Fasciitis
- Symptomatic Morton's Neuroma Symptomatic Ganglion Painful Hardware Foot Pain NYD
- Other Specify: _____

Has previously seen a surgeon: Yes No If yes: **Surgeon Name:** _____

Has previously had surgery: Yes No If yes: **Procedure:** _____ **Surgeon Name:** _____

WCB Patients. Please send a referral to the Leduc VSC Clinic. **Phone:** 780-980-4403 **Fax:** 780-980-4403
Email: leducvsc@albertahealthservices.ca

X-RAY/IMAGING: Patients MUST have a bilateral Weight Bearing Standing AP and Lateral x-rays of the feet and ankles done within the last 3 months

AN MRI/CT scan is NOT RECOMMENDED for initial screening

LIST ALL NON SURGICAL TREATMENTS ATTEMPTED:



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MEDICAL HISTORY (may attach):

MEDICATIONS (may attach):

SURGEON REQUEST (SHOULD SURGERY BE INDICATED AFTER ASSESSMENT):

Next Available Surgeon (recommended): Yes No

If No:

Requested Surgeon Name: Last _____ First _____

*Note: wait times for specific surgeon consultations are variable

Referring Physician Signature: _____ Date: _____/_____/_____