

PODIATRIC PATIENT REFERRAL

Full Name: _____ Title: _____

Date of Birth: _____ Occupation: _____

Address: _____

Email Address: _____

Telephone Numbers: (Mobile) _____ (Home) _____

MEDICAL CONDITIONS

Does the patient have any of the following medical conditions? Please circle YES or NO.

Hypertension High Blood Pressure	Y	N	Bleeding Disorders	Y	N
Diabetes	Y	N	HIV / AIDS	Y	N
Heart Disease	Y	N	Movement Disorders	Y	N
High Cholesterol	Y	N	Neurological Disorders	Y	N
Renal Disease	Y	N	Arthritis	Y	N

Other? Please specify: _____

REFERRER DETAILS

Name: _____

Profession: _____

Clinic Address: _____

Contact Number: _____

Contact Email: _____

REASON FOR REFERRAL

Reason for consultation? _____

What are the patient goals? _____

Please ensure patient attends podiatric appointment with any medical imaging (x-rays, ultrasounds or MRIs), footwear and orthotics.

Privacy Agreement and Consent to Treatment (patient to complete)

Privacy Agreement: In order to comply with the Privacy Laws (Privacy Act Amendments – Private Sector – Act 2000) your agreement to the following is required:

I agree to allow the podiatrists employed by Enable Podiatry access to all relevant information regarding my medical condition or history to other health care providers. I understand that to provide the highest medical care, my clinical records may be accessed and reviewed by staff of the practice.

I agree to the use of my email address for all correspondence relating to the practice including; appointments, updates and marketing material. Enable Podiatry will never release these details to any third parties.

I agree that at times photographs maybe required of my hips, legs or feet which will be used to formulate and support my ongoing treatment plan, these images will be kept in your file and not accessed by anyone external to the practice.

If you require any assistance or clarification our helpful staff are on hand to assist you with any concerns you may have.

Print Name: _____

Signed: _____ Date: _____

If you are completing this form online please print and email to admin@enablepodiatry.com.au or otherwise simply bring the form with you to your appointment.

Did you know you can book your next appointment online via our website? www.enablepodiatry.com.au