



## Referral Form - Foot Care Services

Fax # 613-526-7126

### Client's personal information

Given name	Last name	Date of birth (dd/mm/yyyy)	Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	
Address (Unit, Street#, Street Name)		City	Province	Postal Code	Preferred Pronouns
Home telephone #	<input type="checkbox"/> Work or <input type="checkbox"/> cell telephone #		Languages spoken by the client: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other (specify) _____		
DVA/VAC K# (if applicable):					

### Substitute-decision maker

Given name	Last name	Relationship to client
Telephone # to book appointments		Preferred language <input type="checkbox"/> English <input type="checkbox"/> French

### Reasons for referral (Select all that apply)

<input type="checkbox"/> Thick, long tonails	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Ingrown toenail(s)	
<input type="checkbox"/> Corn(s), Calluses	
Does the client have a medical history of diabetes? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Is the client taking any anti-coagulant medications? <input type="checkbox"/> No <input type="checkbox"/> Yes Please specify which medication: _____	

### Family Doctor

### Referring Healthcare Provider (if applicable)

First & Last Name	First & Last Name
Address	Address
Telephone #	Telephone #



## Community Client Foot Care Consent Form

Consent is provided for the following resident to receive foot care treatments administered by the Perley Health Foot Care nurse. I understand this care involves an initial assessment and the prescribed treatment plan as defined by the findings documented in the initial assessment, which could include:

- Trimming/filing of toenails
- Dremel used for reduction of thickened nails, corns, and calluses.
- Ingrown nail treatment
- Education on foot care health
- Photos of resident feet

Risks include, but are not limited to, skin tears, accidental clipping of skin, cracked nails or infection. Should there be any concerns, the physician will be notified.

The Perley Health Foot Care nurse is responsible for the collection, safeguarding and disclosure of personal health information related to foot care.

### Foot Care Rates

- |  |          |                          |
|--|----------|--------------------------|
| Initial assessment (mandatory for first visit) | \$ 65.00 | <input type="checkbox"/> |
| Routine foot care every 6 to 8 weeks           | \$ 50.00 | <input type="checkbox"/> |
| Routine foot care with fingernail trimming:    | \$ 60.00 | <input type="checkbox"/> |

### Payment Method

- ☐ Medavie Blue Cross (Direct billing to Veterans Affairs Canada\*)  
\*Note: \$15 of initial assessment is not covered by Veterans Affairs Canada
- ☐ Credit Card Agreement

**Please note, the full price of the planned session rate will be charged for missed or refused appointments.**

Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_

Date: \_\_\_\_\_