

St George and Sutherland Hospitals High Risk Foot Clinic

Telephone: 9113 1380 Fax: 9113 1382

Email: SESLHD-Podiatry@health.nsw.gov.au

To Dr John Estell – High Risk Foot Clinic

Patient Information

FAMILY NAME: _____ FIRST NAME: _____

DOB: _____ MALE ☐ FEMALE ☐ MRN: _____ EDD: _____

ADDRESS: _____

BEST CONTACT NUMBER: _____ ALTERNATE NUMBER: _____

Medicare No: _____ INTERPRETER Required: ☐ YES ☐ NO Dialect: _____

Reason For Referral

Suspected or confirmed Charcot
Neuroarthropathy

Yes ☐ No ☐ Unknown ☐

Suspected or confirmed Peripheral
Arterial Disease/Critical Limb Ischemia

Yes ☐ No ☐ Unknown ☐

Foot Ulcer Present

Yes ☐ No ☐ Unknown ☐

Ulcer Location: _____

Ulcer Cause: _____

Other Clinical Information: _____

INDEFINITE REFERRAL (Please Tick) ☐

DOCTORS SIGNATURE: _____ **DATE:** _____

Dr Requesting	
Provider No.	
Telephone	
Address	

(Please complete this section in full or with practice stamp)

(Practice Stamp)

NOTE: PLEASE ATTACH A FULL MEDICAL HISTORY AND MEDICATIONS LIST WITH THIS REFERRAL.