

## Patient Referral Form

Barrie
  Brampton
  Etobicoke
  Mid-Toronto
  Oakville
  Ottawa
  Scarborough
  Vaughan/Thornhill

**REQUIRED PATIENT INFORMATION:**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
(first name) (last name) (DD/MM/YYYY)

**Patient Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_  
mobile # home #

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Biomechanics	Chronic Venous Insufficiency	Foot Care/ Wound Care
<input type="radio"/> Arthritis <input type="radio"/> Bunions <input type="radio"/> Leg Length Discrepancy <input type="radio"/> Metatarsalgia <input type="radio"/> Morton's Neuroma <input type="radio"/> Pediatric Pes Planus <input type="radio"/> Pes Planus (flat feet) <input type="radio"/> Ped Cavus (high arched feet) <input type="radio"/> Plantar Fasciitis/osis <input type="radio"/> Intoeing/outoeing gait <input type="radio"/> Tendonitis/osis	<input type="radio"/> Edema/Lymphedema <input type="radio"/> Tired and achy legs <input type="radio"/> Varicose veins/Spider veins <input type="radio"/> Hemosiderin deposits	<input type="radio"/> Nail & Callus Care <input type="radio"/> Fungal Nail(s) <input type="radio"/> Athlete's Foot <input type="radio"/> Ingrown Nail(s) <input type="radio"/> Wart(s)
<input type="radio"/> Custom made foot orthotics <input type="radio"/> Stretches <input type="radio"/> Arch taping <input type="radio"/> Cortisone injection <input type="radio"/> At discretion of Chiropodist	<input type="radio"/> Compression socks/ stockings <input type="radio"/> Off the shelf <input type="radio"/> Custom <input type="radio"/> Knee high <input type="radio"/> Thigh High <input type="radio"/> Panty hose <input type="radio"/> Compression gradient <input type="radio"/> 15-20 <input type="radio"/> 20-30 <input type="radio"/> 30-40 <input type="radio"/> 40	Diabetic Footcare <input type="radio"/> Diabetic foot assessment <input type="radio"/> Wound Care  <input type="radio"/> At discretion of Chiropodist

Additional Notes: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

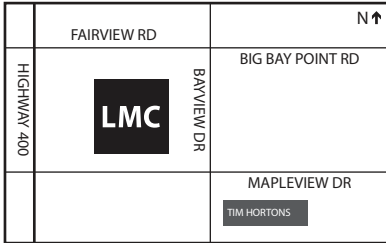
MD stamp

Referring Physician Signature: \_\_\_\_\_

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

# LMC Footcare

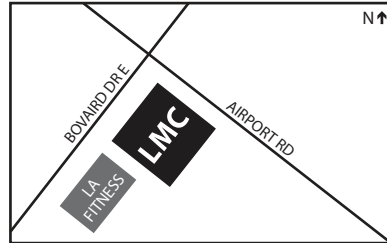
## Our Locations



**LMC BARRIE**

370 Bayview Drive  
Suite 110  
Barrie, ON L4N 8Y2

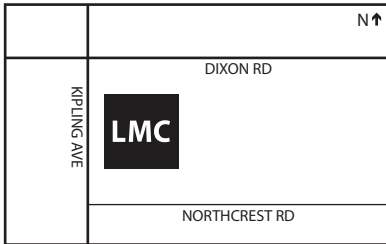
T 1-844-562-3668  
F 1-877-562-2778  
footcare@lmc.ca



**LMC BRAMPTON**

2979 Bovaird Drive E  
Brampton, ON L6S 0C6

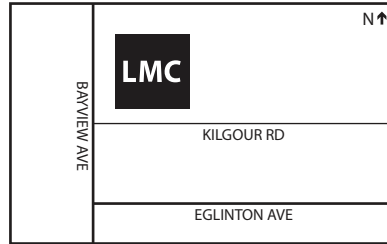
T 1-844-562-3668  
F 1-877-562-2778  
footcare@lmc.ca



**LMC ETOBICOKE**

1723 Kipling Avenue  
Suite 2B  
Etobicoke, ON M9R 4E1

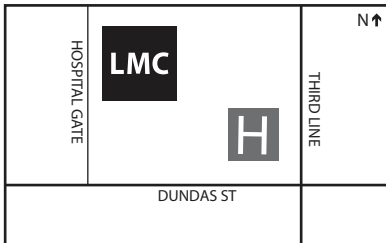
T 1-844-562-3668  
F 1-877-562-2778  
footcare@lmc.ca



**LMC MID-TORONTO**

1929 Bayview Avenue  
Suite 107  
Toronto, ON M4G 3E8

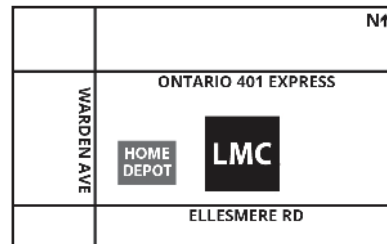
T 1-844-562-3668  
F 1-877-562-2778  
footcare@lmc.ca



**LMC OAKVILLE**

3075 Hospital Gate  
Suite 301  
Oakville, ON L6M 1M1

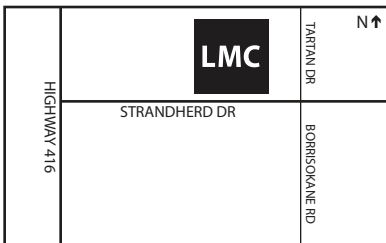
T 1-844-562-3668  
F 1-877-562-2778  
footcare@lmc.ca



**LMC SCARBOROUGH**

520 Ellesmere Road,  
Suite 214  
Scarborough, ON, M1R 0B1

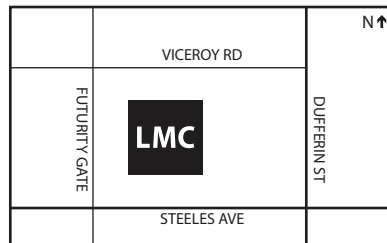
T 1-844-562-3668  
F 1-877-562-2778  
footcare@lmc.ca



**LMC OTTAWA**

4100 Strandherd Drive.  
Suite 208  
Ottawa, ON K2J 0V2

T 1-844-562-3668  
F 1-877-562-2778  
footcare@lmc.ca



**LMC VAUGHAN/THORNHILL**

1600 Steeles Avenue W  
Unit 5  
Vaughan, ON L4K 3B9

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F 1-877-562-2778  
footcare@lmc.ca