

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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<p>Biomechanics</p> <p> <input type="radio"/> Arthritis <input type="radio"/> Bunions <input type="radio"/> Metatarsalgia <input type="radio"/> Morton's Neuroma <input type="radio"/> Pediatric Pes Planus <input type="radio"/> Tendonitis/osis <input type="radio"/> _____ </p> <p> <input type="radio"/> Pes Planus (flat feet) <input type="radio"/> Ped Cavus (high arched feet) <input type="radio"/> Plantar Fasciitis/osis <input type="radio"/> Leg Length Discrepancy <input type="radio"/> Intoeing/outoeing gait <input type="radio"/> Diabetic Neuropathy <input type="radio"/> Diabetic healing wound </p> <p> <input type="radio"/> Stretches <input type="radio"/> Arch taping <input type="radio"/> Diabetic socks <input type="radio"/> Bunion aligner <input type="radio"/> _____ </p> <p> <input type="radio"/> Custom made foot orthotics <input type="radio"/> Orthopaedic Footwear <input type="radio"/> Plantar Fascia Sleeve <input type="radio"/> Plantar fascia night splint </p>	<p>Chronic Venous Insufficiency</p> <p> <input type="radio"/> Edema/Lymphedema <input type="radio"/> Tired and achy legs <input type="radio"/> Varicose veins/Spider veins <input type="radio"/> Hemosiderin deposits </p> <p> <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 </p> <p> <input type="radio"/> Compression gradient <input type="radio"/> 15-20 <input type="radio"/> 20-30 <input type="radio"/> 30-40 <input type="radio"/> 40 </p>	<p>Foot Care/ Wound Care</p> <p> <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) </p> <p>Diabetic Footcare</p> <p> <input type="radio"/> Diabetic foot assessment <input type="radio"/> Wound Care </p>
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Additional Notes: _____

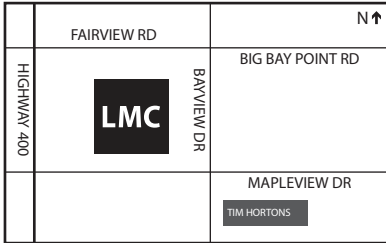
Referring Physician: _____ MD stamp

Referring Physician Signature: _____

Date: _____

LMC Footcare

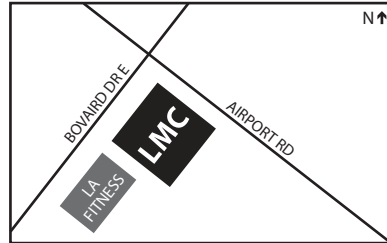
Our Locations



LMC BARRIE

370 Bayview Drive
Suite 110
Barrie, ON L4N 8Y2

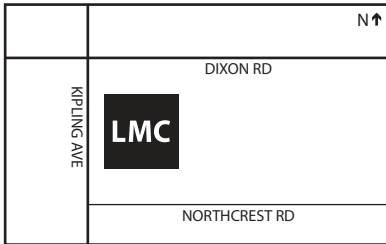
T 1-844-562-3668
F 1-877-562-2778
footcare@lmc.ca



LMC BRAMPTON

2979 Bovaird Drive E
Brampton, ON L6S 0C6

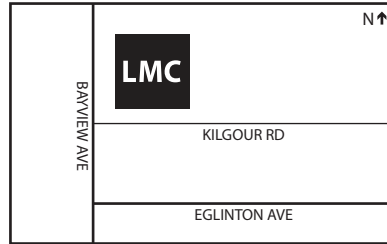
T 1-844-562-3668
F 1-877-562-2778
footcare@lmc.ca



LMC ETOBICOKE

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

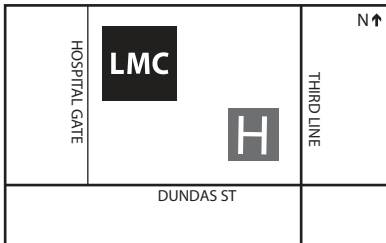
T 1-844-562-3668
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footcare@lmc.ca



LMC MID-TORONTO

1929 Bayview Avenue
Suite 107
Toronto, ON M4G 3E8

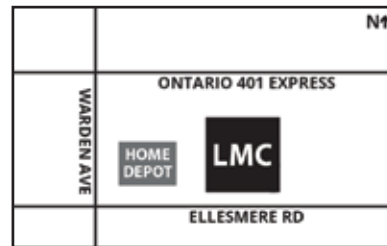
T 1-844-562-3668
F 1-877-562-2778
footcare@lmc.ca



LMC OAKVILLE

3075 Hospital Gate
Suite 301
Oakville, ON L6M 1M1

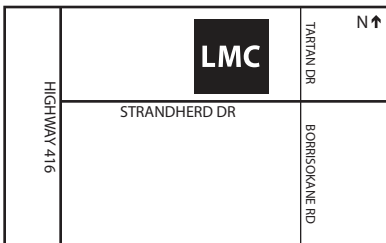
T 1-844-562-3668
F 1-877-562-2778
footcare@lmc.ca



LMC SCARBOROUGH

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

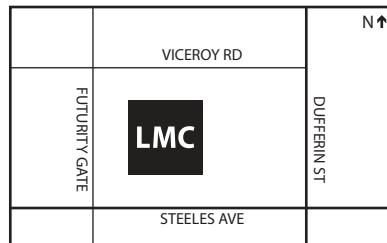
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LMC OTTAWA

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

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footcare@lmc.ca



LMC VAUGHAN/THORNHILL

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

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