**FOOT AND ANKLE RAPID ACCESS CLINIC (RAC)**
Improving access, care & outcomes with Extended Scope Physiotherapists

UHN Schroeder Arthritis Institute

**Toronto Western Hospital**
**399 Bathurst Street,**
**Toronto, ON, Canada**
**M5T 2S8**

# F&A RAC CLINIC REFERRAL

| | | | |
|---|---|---|---|
| **Date** | YYYY - MM - DD | | |
| **Patient Name** | | **Referring Physician** | |
| **Address** | | **Address** | |
| **Home #** | | **Office #** | |
| **Work #** | | **Fax #** | |
| **HCN** | | | |

| | | | | | |
|---|---|---|---|---|---|
| **DOB** | | **Gender:** | | **Side** | Left ☐ Right ☐ Bilateral ☐ |
| **Primary Complaint** | Pain ☐ | Weakness ☐ | Numbness ☐ | | |
| | Deformity ☐ | Instability ☐ | Stiffness ☐ | | |
| | Other: | | | | |

| **ANKLE** | **FOOT** |
|---|---|
| ☐ Instability/sprain | ☐ Severe hallux valgus/bunion |
| ☐ Osteochondral lesion | ☐ Hallux rigidus/1st MTPJ arthritis |
| ☐ Ankle/subtalar arthritis | ☐ Midfoot arthritis |
| ☐ Deformity/tendon contracture | ☐ Pes planus/flatfeet |
| | ☐ Accessary navicular/tarsal coalition |
| | ☐ Pes cavus/high arch feet |

☐ Second Opinion-Please comment:

**Additional Information**

| | | | |
|---|---|---|---|
| **Status** | URGENT ☐ | Next Appointment ☐ | |
| **Signed** | | **Billing #** | |

****PLEASE ENSURE YOUR PATIENT HAS THE FOLLOWING X-RAYS COMPLETED WITHIN THE PAST YEAR: AP, LATERAL AND OBLIQUE VIEWS OF THE FEET AND/OR ANKLES (ALL VIEWS MUST BE STANDING)****

****PATIENT IS TO BRING THE CD/IMAGE ACCESS TO THE APPOINTMENT OR THEY WILL NOT BE SEEN****

**Please fax to: 416-603-3437**

****If this is an ACUTE injury please fax a referral to fracture clinic at: 416-603-6752****

**Fax :** (416) 603-3437 **Phone :** (416) 603-5800 x 3433