Ambulatory Clinics – 2nd Floor
170 Emmett Ave
Toronto, ON M6M 2J5
Phone: 416-243-3600 x34340
Fax: 416-243-1177

UHN West Park Healthcare Centre

Lower Limb Preservation Clinic - Referral Form

Patient Information		Date of Referral*	
Name: (Last, First)*		Address	
Date of Birth* (DD-MM-YYYY)		Health Card #* Version Code*	
Phone*		Alternate Phone*	
Sex	☐Male ☐Female	Interpretation or Accessibility Needs	
Supports/Benefits	☐Ontario Works ☐Private Health Insurance	☐ODSP ☐Other (please specifiy):	
Community Pharmacy Contact Information			

Health Information
Please attach patient bloodwork, most recent arterial studies, ABPI or TBI (if available) along with referral form

Diagnosed Conditions*	☐Diabetes Mellitus ☐ Peripheral Arterial Disease ☐ Loss of Protective Sensation ☐Foot deformity (e.g. Charcot Foot) ☐Infection/Osteomyelitis ☐Previous ulcer or amputation ☐Other:	Reason for Referral:	
Primary Wound Detail	Type of Wound: ☐Venous ☐Arterial ☐Diabetic ☐ Traumatic ☐Other: Location of Wound: Size of Wound (cm): Evidence of Infection: ☐Yes ☐No ☐Unknown		

Referring Provider Information

Provider Name (Physician/NP)*		Contact Information (Phone, Fax)*	
Billing #*		Contact Address (Stamp)*	

FAX COMPLETED FORM TO: 416-243-1177