ST GEORGE & SUTHERLAND HOSPITALS
HIGH RISK FOOT SERVICES
Integrated Community Health
Level 1 Burt Neilsen Wing
St George Hospital Kogarah

NSW GOVERNMENT Health
South Eastern Sydney
Local Health District

To the St George and Sutherland Hospitals High Risk Foot Clinic
Telephone: 9113 1360 Fax: 9113 1382

Dear 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 Duration:_____

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.