

# ASTERI FAMILY FOOT CLINIC

# CHIROPODY REFERRAL

## BALLANTRAE CLINIC

15301 Hwy 48, Unit 204, Ballantrae, ON, L4A 3M1

Phone: 905-591-9555

Fax: 905-248-3630

Email: info@asterifootclinic.com

Book online at: www.asterifootclinic.com

## SCHOMBERG CLINIC

250 Main St., Unit 1, Schomberg, ON, L0G 1T0

Phone: 905-558-6166

Fax: 905-248-3630

Email: balancechiroprody@gmail.com

Book online at: www.balanceschomberg.com

REASON FOR REFERRAL		LOCATION (specify)	PATIENT DETAILS
<p><b>Foot Care</b></p> <p><input type="checkbox"/> Diabetes Risk Assessment &amp; Education</p> <p><input type="checkbox"/> Wound Management</p> <p><input type="checkbox"/> Nail &amp; Callus Care</p> <p><input type="checkbox"/> Fungal Nail(s)</p> <p><input type="checkbox"/> Athlete's Foot</p> <p><input type="checkbox"/> Ingrown Nail(s)</p> <p><input type="checkbox"/> Wart(s)</p> <p><b>Compression Therapy</b></p> <p><input type="checkbox"/> Varicose Veins</p> <p><input type="checkbox"/> Spider Veins</p> <p><input type="checkbox"/> Edema/Lymphedema</p> <p><input type="checkbox"/> Pregnancy</p> <p><input type="checkbox"/> Other _____</p>	<p><b>Biomechanics</b></p> <p><input type="checkbox"/> Custom-made Orthotics: Biomechanical Assessment &amp; Gait Analysis</p> <p><input type="checkbox"/> Plantar Fasciitis</p> <p><input type="checkbox"/> Metatarsalgia</p> <p><input type="checkbox"/> Bunions</p> <p><input type="checkbox"/> Morton's Neuroma</p> <p><input type="checkbox"/> Tendonitis/osis</p> <p><input type="checkbox"/> Ankle/Knee/Hip/Back Pain</p> <p><input type="checkbox"/> Corticosteroid Injection</p> <p><input type="checkbox"/> Pediatric Pes Planus</p> <p><input type="checkbox"/> Intoeing/Outoeing Gait</p> <p><input type="checkbox"/> Arthritis</p> <p><input type="checkbox"/> Flat Feet</p> <p><input type="checkbox"/> High Arches</p> <p><input type="checkbox"/> Leg Length Discrepancy _____ cm/in</p>	<p>Right   Left</p>	<p>Name: _____</p> <p>Date of birth: (mm/dd/yyyy) _____</p> <p>Phone: _____</p> <p><b>PRACTITIONER</b></p> <p>Name: _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Date of Referral: _____</p>

MEDICAL COVERAGE & EXTENDED INSURANCE	BALLANTRAE CLINIC LOCATION
<p>OHIP does not provide coverage for Chiroprody treatment or products (such as orthotics).</p> <p>However, many extended health care insurance plans do.</p> <p>ODSP and Ontario Works may also provide assistance.</p> <p>Speak to your medical insurance company prior to your appointment to learn what coverage you may be eligible for.</p>	

ADDITIONAL COMMENTS & REQUESTS	SCHOMBERG CLINIC LOCATION
<p>_____</p> <p>_____</p> <p>_____</p>	

YOUR REFERRALS ARE MUCH APPRECIATED

