

Zivot Limb Preservation Centre - Peter Lougheed Centre

Specializing in the High Risk Diabetic Foot

Please fill out all information and fax to **403.943.6428**

For Urgent or Emergency referrals, please call Podiatric Surgeon on call at 403.943.4555

Patient Information				
Last Name		First Name		Date of Birth (yyyy-Mon-dd)
PHN	Address	City/Town	Postal Code	Phone Number
Referral Information				
Reason for Referral (Check all that apply)				
<input type="checkbox"/> Foot Infection <input type="checkbox"/> Osteomyelitis <input type="checkbox"/> Diabetic Foot Ulcer <input type="checkbox"/> Charcot Foot		<input type="checkbox"/> Previous Amputation <input type="checkbox"/> Neuropathy, Deformity and Peripheral Artery Disease <input type="checkbox"/> Previous Ulceration		
Patient History				
Imaging Completed (Check all that apply)				
<input type="checkbox"/> X-Ray <input type="checkbox"/> Bone Scan <input type="checkbox"/> Arterial Ultrasound <input type="checkbox"/> CT Scan <input type="checkbox"/> MRI				
Disciplines Available				
Podiatric Surgeon		Internal medicine		Research
Endocrinologist		Dietician		
Vascular Surgeon		Orthotist, Diabetic foot wear		
Referring Provider				
Name (last name, first name)				Prac ID
Address	City/Town	Postal Code	Phone Number	Fax Number
Signature			Date of Referral (yyyy-Mon-dd)	
Clinic Use Only				
Referral Received (dd-Mon-yyyy)		Appointment Scheduled (yyyy-Mon-dd)		Time (hh:mm)