FOOT CARE
by Christine Shaw, L.P.N.

PHONE/TEXT: 250-619-3717 E-MAIL: fcbychristine@gmail.com

Patients Name: DOB:

PHN: Phone number:

Address:

Referring Health Care Provider:

Phone number:

Address:

Reason for referral: (please circle all that apply)

Diabetic	yes	no
Circulation issues (PVD)	yes	no
Poor vision	yes	no
Thick nails	yes	no

Calluses/corns	yes	no
Assessment requested	yes	no
Education of foot care as it pertains to dm	yes	no
Inability to reach feet	yes	no

Is this patient on blood thinners? Yes No

Does this patient have issues with transportation? Yes No

Does this patient have mobility issues? Yes No

Do you want a copy of assessments done? Yes No

Any other pertinent information you wish to communicate about this patient:

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**** PLEASE PHONE TO BOOK 250-619-3717**

AND MAIL REFERRAL TO 71 PORTER ROAD, NANAIMO, BC, V9X 1B6 or email to: fcbychristine@gmail.com **