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| **Referral for Podiatric surgery**Date Practice |
| Patient name Referring practitioner |
| I am referring this patient for a surgical opinion on;

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|  Bunions |  Hammer toes |  Heel  pain/fasciitis  |
|  Neuroma  |  Skin lesion |  Nail pathology |
|  Warts |  Toe pain |  Midfoot pain |
|  Cavus feetOther ; |  Ankle pain / instability |  Flat feet |

 | Have current imaging examinations been performed?(X-rays, Ultrasound C.T., MRI)   Yes NoStandard X-ray views; *A.P. & Lateral weight bearing and erect, Medial-oblique non-weight nearing* |
| Medical conditions |
| Medications Allergies |
| Clinical history |
| Previous treatment |