


Good Foot Forward

Last Name (legal)	First Name (legal)
Preferred Name (last, first)	DOB (dd-mm-yyyy)
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary/Prefer not to disclose <input type="checkbox"/> Unknown	

Foot Risk Assessment Triage Referral Form

Date of Screening and Triage (dd-mm-yyyy)	Good Foot Forward Fax # 705-797-2921
---	--

The Good Foot Forward Program will only take referrals for people who fall under moderate risk criteria.

Risk Features (check all that apply) (✓)	
Out of Scope - Low Risk ▶ Routine annual foot exam & diabetes education	
In Scope - Moderate Risk Criteria with or without Loss of Protective Sensation <input type="checkbox"/> Callus/Corn/Fissure/Crack (<i>not bleeding or draining</i>) <input type="checkbox"/> Inadequate foot care - missing, sharp, unkept, thickened, long or deformed toenails <input type="checkbox"/> Inadequate footwear <input type="checkbox"/> Infected ingrown toenail <input type="checkbox"/> Sensation of numbness/tingling/throbbing/burning ▶ Refer to Foot Care Provider: Good Foot Forward Program or Chiropody <p style="text-align: right;"><u>Foot Care Managed by Good Foot Forward Program or Chiropody</u></p>	
In Scope - Moderate Risk Criteria - Loss of Protective Sensation at one or more of sites on the foot as pictured, PLUS any of the following: <div style="float: right; text-align: center;">  </div> <input type="checkbox"/> Prior history of Diabetic Foot Ulcer (<i>ulcer in remission</i>) and or amputation <input type="checkbox"/> Decreased range of motion at ankle or toe joint <input type="checkbox"/> Foot Deformities <input type="checkbox"/> Inadequate footwear requiring therapeutic/custom footwear <input type="checkbox"/> Altered structure ▶ Refer to Good Foot Forward or Chiropody <p style="text-align: right;"><u>Foot Care Managed by Good Foot Forward Program or Chiropody</u></p>	
Out of scope please make referrals as appropriate High Risk Criteria - Patient presents with one or more of the following: Blister, fissure or crack (<i>bleeding or draining</i>) and or hemorrhagic callus Diabetic Foot Ulcer Redness over structural deformity of the foot / toes related to pressure Signs of arterial insufficiency (<i>PAD; ischemia</i>), cool skin with pallor, cyanosis or mottling, dependent rubor One or more pedal pulses not palpable or audible Inappropriate footwear causing pressure and/or skin breakdown Refer to: ▶ Chiropody ▶ Home and Community Care for wound care if required ▶ Infectious Disease for consultation if warranted ▶ Vascular Surgeon if appropriate <p style="text-align: right;"><u>Managed by Primary Care</u></p>	
Out of scope please make referrals as appropriate Urgent Risk Criteria - Patient presents with one or more of the following: Infection - draining Diabetic Foot Ulcer and/or wet gangrene Red, hot, painful joint, or acute Charcot foot Acute onset of pain in a previously insensate foot Absent pedal pulses with cold white painful foot or toes ▶ Primary Provider Initiates antibiotic therapy guided by Best Practice Guidelines ▶ Offload the affected foot ▶ Refer to the appropriate health care provider based on the patient assessment findings (<i>i.e Vascular Surgeon if absent pedal pulses on auscultation</i>) ▶ Home and Community Care for wound care if required ▶ May Require Acute Care Admission	
Comments	
Date Faxed (dd-Mon-yyyy)	Name
Signature	