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Podiatric Surgery | Registered Specialist

Member of the Australasian College of Podiatric Surgeons
AHPRA Specialist Podiatrist Registration No. POD0001116837
Podiatry Board Endorsed Prescriber of Scheduled Medicines

Date _____

REFERRAL FORM

PATIENT DETAILS

Patient Name _____

Phone/email _____

Clinical Concern _____

REFERRER DETAILS

Practitioner _____

Phone/email _____

- | | | | |
|--|---|--|---|
| ☐ Hallux valgus/Bunions | ☐ Morton's neuroma/Bursitis | ☐ Midfoot spurs/Arthritis | ☐ Tibialis posterior dysfunction |
| ☐ Hallux rigidus/Limitus | ☐ Metatarsalgia | ☐ Foot fracture/Stress fracture | ☐ Achilles tendinopathy |
| ☐ Hammertoe(s) | ☐ Corticosteroid injection | ☐ Tarsal coalition | ☐ Other tendon pathology |
| ☐ Digital deformity | ☐ PNA/TNA/Wedge resection | ☐ Ankle instability/Impingement | ☐ Ganglion/Myxoid cyst |
| ☐ Chronic interdigital corn | ☐ Subungual exostosis | ☐ Painful accessory ossicle(s) | ☐ Soft tissue mass |
| ☐ Plantar plate pathology | ☐ Plantar fasciitis/Heel spurs | (e.g. os Naviculare os Trigonum) | ☐ Other foot or ankle pathology |



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