



# Podiatry Referral Form

## Patient Details

**Dr. Edward W. Hauck**

**Dr. Jonathan M. Hauck**

**Podiatrist/Foot Specialist**

203 – 514 Queen Street

Saskatoon, Saskatchewan S7K 0M5

Tel: (306) 653-4151 Fax: (306) 653-4153

Email: hauckpodiatry@gmail.com

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

PHN: \_\_\_\_\_

Telephone: \_\_\_\_\_

### Reason for Consultation:

### Treatment:

- Biomechanical Assessment
- Bunions
- Custom Foot Orthotics
  - Solid AF
  - Articulated AFO
- Dermatology
- Diabetic Footcare (Neuropathy + Vascular Assessment, Ulcer/Wound Management)
- Domiciliary Appointments \*\*
- Foot Mobilization Technique
- Heel Pain
- Injectables
  - Steroid
  - Sclerosing

- Lower Limb Bracing
- Minor Surgery
  - Ingrown Toenail
  - Wart
- Nail Pathology
  - Fungal
  - Trauma
- Non-Operative MSK Management
- Onyfix®
- Rheumatology - Foot and Ankle
- Routine Footcare (skin and nails)
- Sports Injury Management
- Podopaediatrics
- Wound Care

### Referring Doctor's Details

Doctor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

### Insurance

- SGI / WCB
- SHP
- VAC
- DND / RCMP
- Private: \_\_\_\_\_