



Podiatry Referral Form

Patient Details

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:

- | | |
|---|--|
| <input type="checkbox"/> Biomechanical Assessment | <input type="checkbox"/> Lower Limb Bracing |
| <input type="checkbox"/> Bunions | <input type="checkbox"/> Minor Surgery |
| <input type="checkbox"/> Custom Foot Orthotics | <input type="checkbox"/> Ingrown Toenail <input type="checkbox"/> Wart |
| <input type="checkbox"/> Solid AF <input type="checkbox"/> Articulated AFO | <input type="checkbox"/> Nail Pathology |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Fungal <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Diabetic Footcare (Neuropathy + Vascular Assessment, Ulcer/Wound Management) | <input type="checkbox"/> Non-Operative MSK Management |
| <input type="checkbox"/> Domiciliary Appointments ** | <input type="checkbox"/> Onyfix® |
| <input type="checkbox"/> Foot Mobilization Technique | <input type="checkbox"/> Rheumatology - Foot and Ankle |
| <input type="checkbox"/> Heel Pain | <input type="checkbox"/> Routine Footcare (skin and nails) |
| <input type="checkbox"/> Injectables | <input type="checkbox"/> Sports Injury Management |
| <input type="checkbox"/> Steroid <input type="checkbox"/> Sclerosing | <input type="checkbox"/> Podopaediatrics |
| | <input type="checkbox"/> Wound Care |

Referring Doctor's Details

Doctor's Name: _____

Address: _____

Signed _____

Date _____

Insurance

- ☐ SGI / WCB
☐ SHP
☐ VAC
☐ DND / RCMP
☐ Private: _____