


Patient Footwear
Referral Sheet



Please trace patients foot
& mark length and width
(distorts in fax transmission)

 Trace biggest foot
or send both on 2 pages

Date:

Patients Name:

Contact phone No:

Diagnosis:

Modifications Required:

Current footwear size:

Preference colour:

Lace Velcro

DVA Workcover TAC Private

Other information:

This information will assist us in selecting footwear to bring on the next clinic, Thankyou for your assistance

Geelong

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Location - Lake Health Group

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