Calgary Foot and Ankle Clinic
2225 Macleod Trail S (North Building)
Calgary, AB T2G 5B6
T: 403-221-8345
F: 403-319-0048

REFERRING PHYSICIAN INFORMATION:
Name: _____
Address: _____
Postal Code: _____
Telephone: _____
Fax: _____
PRAC ID #: _____

PATIENT INFORMATION:
Name: _____
Date of Birth: _____
Email: _____
Telephone: _____
Alberta Health Care #: _____

IMAGING:
X-ray: Patients MUST have a Bilateral Weight Bearing Standing AP, Oblique and Lateral views of the feet and ankles done within the last 3 months. MRI/CT scan is not required for initial screening.

REASON FOR REFERRAL:

☐ Routine ☐ Semi-Urgent ☐ Urgent

Forefoot/Midfoot:

☐ Toe Deformity ☐ Hallux Valgus ☐ Hallux Rigidus ☐ Midfoot Arthritis
☐ Neuroma ☐ Ganglion ☐ Rheumatoid ☐ Other _____
☐ Pes Planus (Flatfoot)

Hindfoot/Ankle:

☐ Hindfoot Arthritis ☐ Ankle Instability ☐ Non insertional/insertional Achilles Tendonopathy
☐ Posterior Tibial Tendon Dysfunction ☐ Pes Planus (Flatfoot) ☐ Other _____

Other:

☐ Revision Surgery ☐ Second Opinion ☐ Charcot Foot/Ankle

BRIEF HISTORY: (Please include relevant history - previous/current treatments, recent A1c, medication list in referral)

REFERRAL:

☐ First Available ☐ Dr. Ali Manji ☐ Dr. Francois Harton
☐ Dr. Karim Manji ☐ Dr. Phil LeLievre ☐ Dr. Steven L. Smith

All consultations, pre-operative, operative and post-operative visits are covered through Alberta Health.
This referral is not to be used for urgent referrals (tendon ruptures, fractures, diabetic foot infections). On-call Podiatric Surgeon should be contacted via PLC (403-943-4555) or RAAPID (403-944-4486).