QUT Health Clinics

ABN 83 791 724 622

Queensland University of Technology

Level 1, 44 Musk Ave
Kelvin Grove QLD 4059
Phone: 07 3138 9777 | Fax: 07 3138 6812
www.healthclinics.qut.edu.au

Reset Form

PATIENT CONTACT DETAILS	AFFIX IDENTIFICATION LABEL HERE
QUT PODIATRY CLINIC	URN
	Family Name
	Given Name
HIGH RISK FOOT CLINIC REFERRAL FORM **QHEALTH PATIENTS**	Address
	Phone
	Date of Birth Sex ☐ M ☐ F ☐ Other

REFERRER DETAILS	
Name	Provider No
Clinic Details	
Hospital and Health Service	
Phone	Fax

REASON FOR REFERRAL	
☐ High Risk foot offloading package	
☐ Wound care / High Risk foot care	
☐ Other *(please specify)*	
Current foot ulcers ☐ Yes ☐ No	Recently healed foot ulcers ☐ Yes ☐ No
Current offloading devices	
Current footwear	
Previous offloading devices	
Next QH Clinic appointment	
Allergies	

SUPPORTING INFORMATION

Please ensure the following is completed prior to referral

☐ Patient consent is obtained for referral

☐ A purchase request for the QUT Podiatry Clinic has been completed and sent for QHealth approval

☐ The patient's next appointment for review has been booked with QHealth

☐ The patient has been provided dressings to bring to their appointment at QUT to redress their wounds

☐ The patient has been strongly advised to take their current footwear/offloading devices to their QUT appointment

☐ **Please attach the most recent Qld High Risk Foot Form with this referral**