

Tel.705-264 1208 or 705-274-1642 Fax: 705-531-5469 www.angiesfootcare.ca

Client:	DOB
Address:	□ CLINIC □ HOME
City:	Postal Code:
Phone (Home):	(Work):
Referring Physician:	
Date:	
□Type 1 Diabetes □ Type 2 Diabetes □	Heart decease, □ Stroke
□ Cancer □ Arthritis □ Renal Decease □	□ PVD □ Phlebitis □ Vision
□ See attached profile	
Medication:	
Skin: □ Dry skin □ Corns □ Callous	□ Fungi infection □ Fissures □ Cracked Heels
Toes: □ Bunions □ overlapping Digits	□ Deformities
Nails: □ Ingrown □ Ram's Horn □ Thic	ckened Overgrown Discoloured Mycotic
Please indicate TX/Services Required	<u>d</u>
□ Footcare □ Diabetic Footcare □ PVD I	Footcare □ Health Teaching

Clinics are held every Thursday at BIO PED from 09:00 - 1900