



- Millicent Vorkapich-Hill, DPM
Reg. Podiatrist - Ontario
- James Hill, DPM, FACFAS
Reg. Chiropodist - Ontario

Patient: _____

Date: _____

- | | | |
|--|--|---|
| <input type="checkbox"/> Evaluate & Treat | <input type="checkbox"/> Surgical Consult | <input type="checkbox"/> X-Rays foot/ankle |
| <input type="checkbox"/> Plantar Fasciitis/Heel Pain | <input type="checkbox"/> Shockwave Therapy | <input type="checkbox"/> Orthotics |
| <input type="checkbox"/> Paronychia/ingrown nail | <input type="checkbox"/> Verruca/wart | <input type="checkbox"/> Corns/Callouses |
| <input type="checkbox"/> Diabetic Care | <input type="checkbox"/> Wound care | <input type="checkbox"/> Palliative Nail Care |
| <input type="checkbox"/> Bunion/Hallux Valgus | <input type="checkbox"/> Hammertoes | <input type="checkbox"/> Neuroma |
| <input type="checkbox"/> Pediatric Heel Pain | <input type="checkbox"/> Clubfoot | <input type="checkbox"/> In/Out toe |
| <input type="checkbox"/> Ankle injury | <input type="checkbox"/> Tendonitis | <input type="checkbox"/> Bracing |

Referred by: _____

Phone: _____