

PATIENT FOOTWEAR REFERRAL FORM

Patient Information

Practitioners Name: _____ Phone: _____
 Practice Name: _____ Email: _____
 Address: _____
 Patient's Name: _____ DOB: _____
 Email: _____ Phone: _____

Fund provider

ENABLE NSW NDIS Work-Comp DVA Private Insurance
 Home Care Package Other

Medical Condition

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Neuropathy	<input type="checkbox"/> Vascular Disease
<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Stroke	<input type="checkbox"/> Arthritis (R/A, O/A)
<input type="checkbox"/> Other		

Lower Limb

<input type="checkbox"/> Achilles Tendonitis	<input type="checkbox"/> Hallux Valgus	<input type="checkbox"/> Pes Cavus
<input type="checkbox"/> Amputations	<input type="checkbox"/> Hallux Rigidus	<input type="checkbox"/> Pes Planus
<input type="checkbox"/> Neuroma	<input type="checkbox"/> Digital Deformities	<input type="checkbox"/> Plantar Fasciitis
<input type="checkbox"/> Leg Length Difference (LLD)	<input type="checkbox"/> Other	

Assessment and Gait analysis

In-Shoe pressure analysis Barefoot pressure analysis Wearing period monitor

Footwear features

<input type="checkbox"/> Custom made shoes/Boots	<input type="checkbox"/> Extra depth prefabricated shoes	<input type="checkbox"/> Velcro
<input type="checkbox"/> Custom made foot orthoses	<input type="checkbox"/> Light weight	<input type="checkbox"/> Lace up
<input type="checkbox"/> Ankle foot orthoses (AFO)	<input type="checkbox"/> Orthopaedic safety boots	<input type="checkbox"/> Bamboo diabetic socks

Modifications:

<input type="checkbox"/> Forefoot Rocker	<input type="checkbox"/> Sole Flare Medial/Lateral	<input type="checkbox"/> Buttress Medial/Lateral
<input type="checkbox"/> Rearfoot Rocker	<input type="checkbox"/> Heel to Toe Rocker	<input type="checkbox"/> External sole build up
<input type="checkbox"/> BOA Lacing	<input type="checkbox"/> Other	

Notes: _____

Please mark on the below photos where offloading required for need attention



Websites:

1. <https://walkeeasy.com.au/online-referrals/>
 This is an online referral page for
 a) General Patients b) NDIS Participants c) Enable Patients d) DVA patients
2. <https://walkeeasy.com.au/resources/>
 This is a page to help our referrers with downloadable forms, catalogs etc.

At Walk Easy, we have a range of services that require various forms, applications, and paperwork.
 Here, you will find a comprehensive collection of all the necessary documents that you may need to utilize our services.

