

THE CALGARY FOOT & ULCER CARE CLINIC John Nesbitt MD.

Phone: (403) 228-5959 Fax: (403) 228-6918

Special Interest in Treatment of Biomechanical Foot Problems and Cutaneous Ulcers

Patient's Name: _____

Contact Phone # During the Day: _____

Date and Time of Appointment: _____

Reason for Referral: _____

Biomechanical Foot Problem: _____

General Description: _____

Duration: _____

Possible precipitating event(s): _____

Treatment: _____

X-Rays and Pertinent Test Results: _____

Cutaneous Ulcer Assessment: _____

Location: _____

Duration: _____

Precipating Diabetes: _____

or predisposing factors Venous Insufficiency: _____

Others: _____

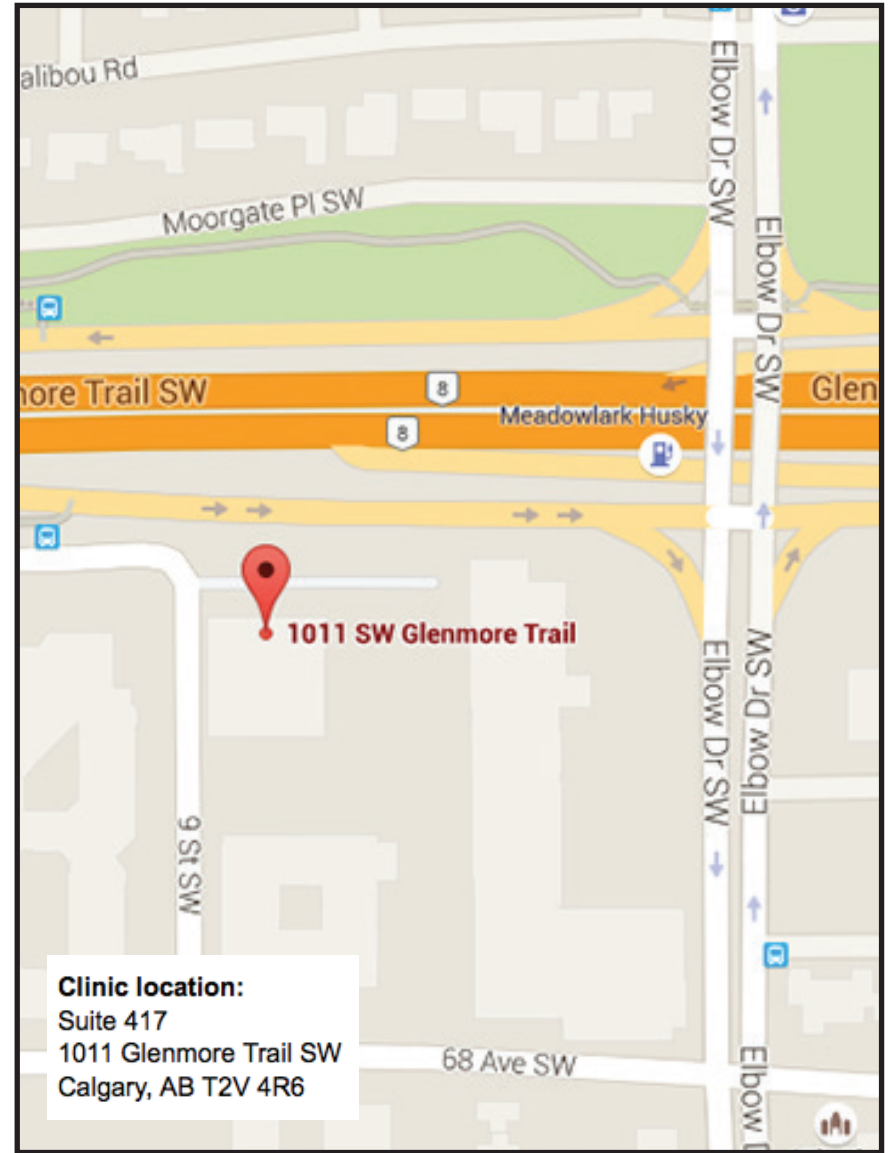
Treatment: _____

Pertinent Test Results: _____

Medications and Allergies: _____

Other Comments: _____

Doctor's Name: _____ Date: _____



IMPORTANT MESSAGE

If it is necessary to cancel an appointment, please do so at least 24 hours before your appointment time. There are always emergency patients to be seen and cancelled appointments enable us to accommodate them.

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Thank You.