

**New Client Referral Form**

Dr. Kham Ung, Podiatrist

Foot and Ankle Specialist

*specializing in diabetic foot care, limb salvage & wound management*

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_\_\_\_\_Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Care Provider\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Clinic\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any of the following:

Diabetes ⃣ Family history of diabetes ⃣ Vascular disease/circulation problems ⃣

Nail problems ⃣ Heel/arch pain ⃣ Foot/toe pain ⃣ Bunions ⃣ Bone spurs ⃣

Foot/ankle injury ⃣ Ulcers/wounds ⃣

What clinic would be best for you to see Dr. Ung?

White Earth ⃣ Pine Point ⃣ Rice Lake ⃣ Naytahwaush ⃣ Mahnomen ⃣

Do you have transportation? Yes ⃣ No ⃣

Transportation, to Dr. Ung appointments, is available.

Would you be interested in this service? Yes ⃣ No ⃣

Referral source\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_