SCARBOROUGH CENTRE FOR HEALTHY COMMUNITIES

Diabetic Offloading Device

**Please note: This is for high-risk diabetic patients only who live in Scarborough and require an offloading device but are unable to afford it.*

Date: _____

Referral from:
Chiropodist ☐
Other Provider ☐ (please specify): _____

Name of Referring Provider: _____

Referring Clinic Name & Address: _____

Referring Clinic Phone Number: _____-_____-_____

Patient Name: _____

Patient Phone Number: _____-_____-_____

Patient Address (*Patient must live in Scarborough to qualify): _____

Patient DOB (MM/DD/YYYY): ____/____/_____

Patient Shoe Size: _____ (medium/wide/extra wide)

Past Medical History *(*Patient must be diabetic to qualify)*:

Type 1 Diabetes ☐
Type 2 Diabetes ☐
Hypertension ☐
Hypercholesterolemia ☐
History of Heart Attack or Stroke ☐
Congestive Heart Failure ☐
Kidney Disease ☐
Liver Disease ☐
Hyper/Hypothyroidism ☐
Osteoporosis ☐
Osteoarthritis ☐
Rheumatoid Arthritis ☐
Neuropathy ☐
Neurological Disease ☐

Respiratory Disease ☐

Dermatological Disease ☐

HIV ☐

Hepatitis ☐

Other: ☐

Allergies: _____

Medications:

Reason for referral for offloading device:

Foot Ulcer ☐

Location: _____

Past History of Foot Ulceration ☐

Location: _____

Callus ☐

Location: _____

Corn ☐

Location: _____

Type of Offloading Device Required:

Darco All Purpose Boot ☐

Darco Heel Wedge Healing Shoe ☐

Darco Orthowedge Healing Shoe ☐

Off-the-shelf Orthopedic Shoe ☐

OTC Multi-Density Diabetic Insole ☐

Please select location for referral:

☐ 2660 Eglinton Ave East (Brimley & Eglinton), Scarborough ON - Phone (416)-640-7391 Fax (416)-261-1896

☑ 520 Ellesmere Rd (Birchmount & Ellesmere), Scarborough ON Phone (416)-297-7490 Fax - (416)-297-5371

☐ 629 Markham Road (Markham & Lawrence), Scarborough ON – Phone (416)-847-4101 Fax (416)-284-1964

Signature of Referring Provider: _____