Feldman & Leavitt
FOOT AND ANKLE SPECIALISTS

Feldman & Leavitt Foot and Ankle Specialists
10601 Southport Rd SW Unit 300
Calgary, AB T2W 3M6
403-719-9500

FAX: 403-719-9501

REFERRAL FORM

X-rays of foot/ankle are not needed beforehand as we have imaging on-site.

Date of Referral:_____

Patient Demographics:	**Referring Physician Information:**
Name:_____ Gender:_____	Name:_____
Address:_____	Clinic Name:_____
PHN:_____DOB:_____WCB:_____	Clinic Address:_____
Phone:_____ Cell:_____	_____
e-mail address_____	Phone:_____ Fax:_____
	PracID:_____

Referral to:

☐ First Available ☐ Dr Ziv Feldman DPM FACFAS ☐ Dr Darren Leavitt DPM FACPM ☐ Dr Kevin Dow DPM

Reason for referral/chief complaint:

Consultation Request:

☐ Foot/Ankle Evaluation
☐ Surgical Consultation
☐ Diabetic Foot Evaluation
☐ Wound Care Evaluation
☐ PRP Injections/Laser Therapy
☐ Injury/Post-Traumatic
☐ Structural Deformity
☐ Routine Foot Care
☐ Custom Foot Orthotics
☐ Custom Ankle Brace

Imaging:

☐ X-Ray
☐ Ultrasound
☐ Bone Scan
☐ CT Scan
☐ MRI
☐ ABI

Past Medical History and medications: ☐ Attached

☐ If Diabetic must include recent HbA1c

Smoking Status:

☐ Nonsmoker
☐ ____PPD
☐ Quit:_____

Other:

☐ Ongoing litigation
☐ WCB

Revised March 2025