

LIH Diabetic Foot Clinic
Comprehensive Diabetic Lower
Extremity Amputation Prevention
1450 Poydras Street, New Orleans, LA 70112
Phone: 504.903.1924
Fax: 504.903.5010

Patient Label

Referral from: **BMC** **EKL** **LJC** **LAK**
 LIH **UMC** **WOM** **Other:** _____

Attending Provider: _____ ID Number: _ _ _ _ _

If Label is Not Available Complete the Following:

Patient's Name: _____ Date of Referral: __/__/__

Date of Birth: __/__/__ Medical Record Number: _____

1° Contact Number: (____) _____ - _____ 2° Contact Number: (____) _____ - _____

Address: _____

Email: _____

Please Indicate Reason for Referral:

 250.6; 250.7; 357.2; 700; 443.8; 707.14; 094.0; 713.5 Diabetes mellitus, history of plantar ulceration or (Charcot Joint) neuropathic fracture, osteomyelitis or vascular insufficiency.

*****This Patient should be referred to the Diabetic Foot Clinic immediately—call for same or next day appointment!**

 250.6; 250.7; 357.2; 700; 443.8 Diabetes mellitus, loss of sensation (Failed Mono-filament exam), callus or deformity, vascular compromise—weak or absent pulses with capillary refill (pink foot)

 250.6; 357.2; +/- 700: Diabetes mellitus, loss of sensation in feet (Failed Mono-filament exam), WITH or without callus or deformity present on exam

******Please Note: Active or Suspected Charcot Joint or diabetic foot ulcers should be seen in Diabetic Foot Clinic on the same or next clinic day. Pulseless, cold extremity without capillary refill should be evaluated urgently in an acute care setting. (Send the Patient to the ER or call the Vascular Surgeon on call if you are in doubt)**

Clinical History Relevant to this Referral: _____

Referring Provider's Signature: _____ ID Number: _ _ _ _ _

Contact Number: _ _ _ - _ _ _ - _ _ _ Referring Service/Clinic: _____

Fax Number: _ _ _ - _ _ _ - _ _ _ Email: _____

OFFICE USE ONLY: Appointment Date: __/__/__ Time: __: __ am/pm.

If not scheduled, Indicate Reason & Recommendation: _____

Reviewing Provider's Signature: _____ ID Number: _____

Contact Number: _ _ _ - _ _ _ - _ _ _

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