**Podiatry Referral Form**

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| Name of Child: |  | DOB: |  |

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| **Age** | **Concern** | **Tick if Applies** | **Comments (please give specific comments and/or examples)** |
| **Any age** | Gait abnormalities |  |  |
| Pain in lower limb/joints |  |  |
| Increased number of falls |  |  |
| Leg length discrepancy |  |  |
| Cavoid foot shape |  |  |
| Fixed foot posture e.g from trauma, clubfoot etc |  |  |
| Hypotonia affecting the feet or causing pain |  |  |
| Rheumatological disorders |  |  |
| Family history of foot conditions resulting in pain |  |  |
| Symptomatic Hallux abductus Varus |  |  |
| Progressive deformity in the lower limb |  |  |
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