WEST COAST PODIATRY
DR. KATHY HAHN PODIATRIC CORPORATION

#303 - 223 NELSON'S CRESCENT
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INFO@WESTCOASTPODIATRY.CA

PODIATRY REFERRAL

DR. KATHY HAHN, DPM
MSP #: 60159

Tel: (604) 245-2245 Fax: (604) 245-2566

Please fax any recent **X-ray, MRI, CT reports** and/or **lab tests**, if appropriate, along with this form.

Patient Name: ______________________________

Address: __________________________________

PHN: _____________________________________

Phone: ____________________________________

Primary Complaint for Referral:

☐ General Evaluation
☐ Bunion
☐ Hammertoe
☐ Neuroma
☐ Plantar Warts
☐ Foot/Ankle Pain
☐ Nail Maintenance
☐ Custom Orthotic Insoles
☐ Heel Pain/Plantar Fasciitis
☐ Ingrown Toenail
☐ Diabetic Foot Care
☐ Corns/Calluses
☐ Nail Fungus
☐ Other:________________________

Additional comments:

Referring Physician: _______________________

Tel: ______________________________________

Signature: _________________________________

Please fax your referral to **(604) 245 – 2566** or email to info@westcoastpodiatry.ca. Thank you.