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Reconstructive Foot Surgery

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Patient Referral Form

Date _____

Patient Name _____

DOB _____ Contact Number _____

Referring Practitioner _____

Clinic Details _____

Clinical Concern _____

- | | |
|--|---|
| <input type="checkbox"/> Hallux Valgus/Bunions | <input type="checkbox"/> Foot Fracture |
| <input type="checkbox"/> Hallux Rigidus/Limitus | <input type="checkbox"/> Tarsal Coalition |
| <input type="checkbox"/> Hammertoe(s) | <input type="checkbox"/> Accessory Bone |
| <input type="checkbox"/> Digital Deformity | <input type="checkbox"/> Ankle instability |
| <input type="checkbox"/> Morton's Neuroma/Bursitis | <input type="checkbox"/> Ankle impingement |
| <input type="checkbox"/> Plantar Plate Pathology | <input type="checkbox"/> Tibialis Posterior Dysfunction |
| <input type="checkbox"/> Corticosteroid Injection | <input type="checkbox"/> Other Tendon Pathology |
| <input type="checkbox"/> VP curettage | <input type="checkbox"/> Plantar Fasciitis/Heel Spurs |
| <input type="checkbox"/> PNA/TNA/wedge resection | <input type="checkbox"/> Ganglion |
| <input type="checkbox"/> Midfoot/Rearfoot DJD | <input type="checkbox"/> Soft Tissue Mass |

Consulting Rooms

- | | |
|--|---|
| <input type="checkbox"/> 443 Melbourne Rd
Newport 3015
Ph: 03 9391 8201
Fax: 03 9939 8975
admin@thefootsurgeon.com.au | <input type="checkbox"/> 897 High St
Thornbury 3071
Ph: 03 9480 4935
Fax: 03 9480 6692
admin@thefootsurgeon.com.au |
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