Smooth Soles
FOOT CARE
MOBILE NURSING FOOT CARE
Healthy Feet. Happier You.

Coquitlam
Port Moody
Port Coquitlam

PROFESSIONAL
COMPASSIONATE
CONVENIENT

REFERRAL FOR NURSING FOOT CARE

PLEASE SHARE WITH YOUR PATIENT

Patient Name: _____

Phone: _____

Date of Referral: _____

Chelsea Short, LPN, FCN | Registered with BCCNM

REASON FOR REFERRAL (check all that apply)

- ☐ Routine nail care
- ☐ Thick / dystrophic nails
- ☐ Corns and calluses
- ☐ Diabetic foot assessment
- ☐ Reduced mobility / unable to self-care
- ☐ Arthritis or chronic condition
- ☐ Post-surgical care
- ☐ Foot pain or discomfort
- ☐ General foot care maintenance
- ☐ Other: _____

Relevant concerns / precautions: _____

Referring Provider: _____

Clinic: _____

Phone: _____ Fax: _____

Give the completed referral to the patient.
For direct referrals, call to arrange secure delivery.
No additional requisition is required.

Book an Appointment

778-347-1666 | contact@smoothsolesfootcare.com | smoothsoles-footcare.com