



THE UNIVERSITY OF  
WESTERN AUSTRALIA

*Achieve International Excellence*

# UWA Podiatry Clinic

## Podiatry Referral Request Form

### PATIENT DETAILS

Mr    Mrs    Ms    Miss    Dr    Other \_\_\_\_\_ Date of Birth

Surname \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ Postcode

### REASON FOR REFERRAL

\_\_\_\_\_  
\_\_\_\_\_

### ADDITIONAL COMMENTS

\_\_\_\_\_  
\_\_\_\_\_

### REFERRING PRACTITIONER

Name \_\_\_\_\_

Address \_\_\_\_\_ Postcode

Practitioner's signature \_\_\_\_\_

**UWA Podiatry Clinic**

**Postal Address:**  
M422, 35 Stirling Highway  
Crawley WA 6009

**Clinic Location:**  
Crawley Ave, Crawley  
(Carpark P25)

**Contact details:**  
**Tel: 6488 4522**  
Fax: 6488 4525

Email: [clinic-podiatry@uwa.edu.au](mailto:clinic-podiatry@uwa.edu.au)  
[podiatry.surgery.uwa.edu.au](http://podiatry.surgery.uwa.edu.au)

