**Routine Foot Care**

**Patient Referral to Foot Care Nurse**

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| **Provider Name:** | **Provider Phone:** | **Today’s Date:** |
| Patient Name: | Patient Date of Birth: | Patient Phone: |
| Patient Health History: | Diabetes  Blood Thinners  Current Infections  Vascular Disease  Venous Stasis  Edema/Lymphedema | Other Issues: |

|  |
| --- |
| **\*\*Orders for Nurse:**  **1. Provide ongoing “Routine” Toenail & Callus Care**  **2. Report any problems or findings** |
| **\*\*Provider Signature: Date:** |



101A Main Street, Kennebunkport, ME. 04046

Alison Kenneway RN, BSN, CFCS-21480

Certified Foot Care Nurse

* Providing Routine Foot Care to town residents and surrounding communities.
* Please look for our monthly foot care clinics!

Please call for information or to make an appointment:

Phone: 207-967-4401 Fax: 207-967-3633