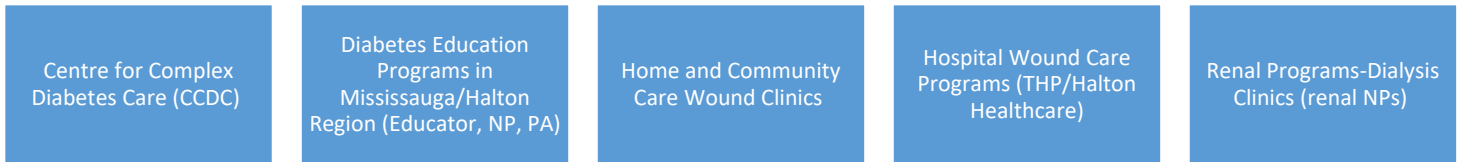


## Referral Management Guideline

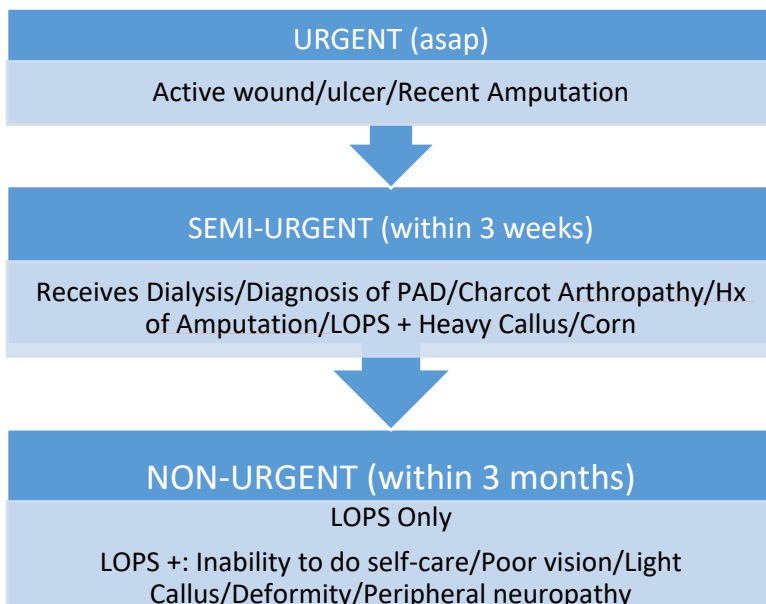
### Referral Source



### Eligibility Criteria

- ✓ Diagnosed with Type 1 or Type 2 diabetes **AND** does not have extended insurance
- ✓ Must be able to attend an outpatient clinic setting
- ✓ 18+
- ✓ **As well as one of the following:**
  - Diagnosis of PAD
  - Charcot Arthropathy (Charcot Foot)
  - History of Amputation
  - LOPS (loss of protective sensation)
  - Receives dialysis
  - Active wound that requires support from the Chiroprapist (e.g. dressing changes, offloading and debridement) **\*\*Patient must be actively followed by a wound care clinic (Hospital or Home and Community Wound Clinic). Please refer to an appropriate clinic if not already being followed.**

### Booking Priority



### Referral Process

1. Complete an in-person foot assessment (virtual foot assessments will NOT be accepted).
2. Complete the Novari referral form for the MH Diabetes Foot Care Program.

*Add as many comments as possible into the comment box to help Central Intake ensure this is an appropriate referral for the program*