



Lakeside Medicine Centre Pharmacy

112A - 2365 Gordon Drive, Kelowna, B.C. V1W 3C2

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www.Lakesidepharmacy.ca



CLIENT INFORMATION

Name _____

Date of Birth _____ Carecard/PHN# _____

Address _____ City _____ Postal Code _____

Referring Physician/Provider _____ Date _____

Clients will be triaged based on risk factors, level of need, and self care capacity

Medical issues/risk factors:

Diabetes	Neuropathy (Nerve damage)	Foot Ulcers(Wounds)	Lower limb amputation	Leg edema (swelling)
Poor vision	Inability to reach feet	Thickened Nails	Fungal Nail	Foot deformities
Calluses	Corns	Ingrown nails	Cancer Treatment	

Other Comments:

PLEASE FAX TO 250-860-3104 OR EMAIL TO HHC@LAKESIDEPHARMACY.CA