Special Olympics Fit Feet

Fit Feet Report

Special Olympics Health
MADE POSSIBLE BY Golisano FOUNDATION

Athlete's Name: **Date:**

Follow-up Recommended?

□ **Yes:** See below

□ **No:** No concerns were identified during today's Fit Feet screening. No additional follow-up is recommended.

Education/Resources provided:

Today, you learned how to help you keep your Feet Fit, including using the items given to you such as:

□ Orthotics □ Shoes □ Socks □ Shoe Laces □ Adaptive Laces □ Foot Hygiene Products

□ Other: _____

□ Additional Education: _____

Proper Shoe Size **Right:** _____ **Left:** _____ **Recommended size:** _____

Referral Information

Program/Provider Type (Select all appropriate)	**Referral Type** (Select one)
□ Podiatrist	O **Routine Follow-Up:** Continue with routine care O **Non-Urgent:** Follow up within 4 weeks O **Urgent:** Follow up within 2 weeks *Reason(s) for referral:* □ Pain □ Structural abnormalities □ Skin or nail abnormalities □ Abnormal gait □ Abnormal joint ROM □ Positive diabetic foot screen □ Ulcer, acute subungual hematoma, suspicious pigmented lesion, or signs of infection □ Other: _____
□ Primary Care Provider	O **Routine Follow-Up:** Continue with routine care O **Non-Urgent:** Follow up within 4 weeks O **Urgent:** Follow up within 2 weeks *Reason(s) for referral:* □ Pain □ Structural abnormalities □ Skin or nail abnormalities □ Abnormal gait □ Abnormal joint ROM □ Positive diabetic foot screen □ Ulcer, acute subungual hematoma, suspicious pigmented lesion, or signs of infection □ Other: _____
□ Physiotherapist	O **Routine Follow-Up:** Continue with routine care O **Non-Urgent:** Follow up within 4 weeks *Reason(s) for referral:* □ Pain □ Structural abnormalities □ Abnormal gait □ Abnormal joint ROM □ Other: _____
□ Other: _____	O **Non-Urgent:** Follow up within 4 weeks O **Urgent:** Follow up within 2 weeks *Reason for referral:* _____