Brisbane & Gold Coast Foot Surgery

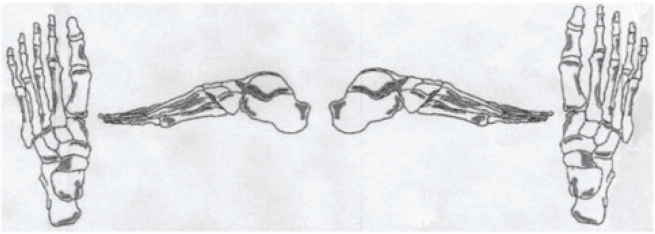
Dr. Ji Soo Kim BPodM, DClinPod, FFPM RCPS (Glasgow)
Specialist Surgical Podiatrist

Referral Form

Patient Name: _____

Date of Birth: _____ Mobile Number: _____

Address: _____



- ☐ Nail Problems / Ingrown Nail
- ☐ Heel / Arch Pain
- ☐ Bunion
- ☐ Hammertoe/ Toe Deformity
- ☐ Neuroma / Forefoot Pain
- ☐ Injection
- ☐ Skin Problem _____
- ☐ Other _____

Medical History _____

_____

_____

Referring Practitioner: _____
Practice Name: _____
Contact Number: _____
Email Address: _____

Please attach any supporting documents (e.g. scans, letters)

Practice stamp here

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