

Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

To whom it may concern.

Thank you for your enquiry, about home visits.

1. We are able to assess and fit medical footwear in a client's home. But, it is preferable for a client to attend our pedorthic facility for assessment and fitting.

- Off street parking and a disabled car park is available immediately outside our door
- We are wheel chair and scooter friendly.
- We can provide **complete privacy** for all clients.

2. There is a charge for each home visit

3. Medical footwear costs vary. Please review the table below carefully to ensure that the client and / or family member understands, and, **is prepared to commit to the cost** of the footwear as required.

**We expect that this will be considered prior to the first home visit.**

Product	Typical application	Approximate Price
Pulmans and Pedors	Incontinence, Oedema, Post Operative, Slippers for some	\$260 - These can be built up for a leg length difference
DB House Shoes <i>The best thing since sliced bread, especially in the aged care context!</i>	Excellent as slippers – much safer!	\$150 - These can be built up for leg length difference
Medical Footwear – Extra Width and Depth, prefabricated Within each range we work with shoes made on various lasts which cater for the breadth of foot length, width, depth and shape.	Comfort, Mobility, Safety, Less Pain. And suitable for orthotics	From around \$200 Often people spend around \$300 to \$400
Medical Footwear - Cast custom footwear	Comfort, Mobility, Safety, Less Pain. And suitable for orthotics	\$1,200 - \$2,300
Inserts - modifiable cushioning options and accommodative orthoses	Cushioning, support, off-loading of pressure areas	From \$50 to around \$450

Yours faithfully,  
Clare Nelson – Pedorthist CM AU.

Open Monday to Friday 9am - 5pm

Other times by request Appointments preferred

ABN 23 166 100 181

Happy Feet Pedorthics Unit 5 & 6 134-136 Pascoe Vale Rd Moonee Ponds VIC 3039

P 03 9326 0266

F 03 9326 0633

E [info@happyfeetpedorthics.com.au](mailto:info@happyfeetpedorthics.com.au)

[www.happyfeetpedorthics.com.au](http://www.happyfeetpedorthics.com.au)

## Home Visit Pack Contact and Payment Details

Client Name: \_\_\_\_\_ D O B \_\_ / \_\_ / \_\_\_\_  
Client type: Please circle: PRIVATE    DVA    TAC    WORKCOVER    STATE TRUSTEE  
Client Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_

### Contact Name for Client (if different from client):

Role of Contact person: eg Spouse, Relative, Allied Health Worker:

Contact Phone No: 03 \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email address: \_\_\_\_\_

### Contact person at the Care facility, (if different from the above):

Contact Phone No: 03 \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email address: \_\_\_\_\_

**Treating Podiatrist:** \_\_\_\_\_  
Contact Phone No: 03 \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email address: \_\_\_\_\_

### Billing Address including name and phone number, if different from the above:

\_\_\_\_\_  
Postcode: \_\_\_\_\_

**Please indicate if a quote is required:**                      Yes                      No

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After Hours Access Requirements – evening and weekends:

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Please indicate if there would be any reason in the normal course of events that the client would not be available for the appointment time as negotiated.

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Please:

- Note the appointment in the diary / aged care facility progress notes
- Advise ASAP on 0426 251 345 any reason for cancellation / re-scheduling of the appointment

A confirmation of the appointment will be made prior to attending the appointment.

**Please return the forms with payment of the agreed amount of \$ \_\_\_\_\_ payable to:**

“Crispin Cobblings” Trading as Happy Feet Pedorthics

OR - Direct Credit **BSB** 063-111 **Account Number** 1018 7572 **Account Name** Crispin Cobblings

OR - MasterCard or Visa – Card Holder’s Name: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

The administrator of the Home Visit Program will be able to organise a home visit once the forms are returned, completed, and the payment for the first home visit is made.

### Home Visit Pack

#### Medical History – please circle appropriate answer

Diabetes:	Yes	No	Arthritis:	Yes	No
Odema:	Yes	No	Hammer Toes:	Yes	No

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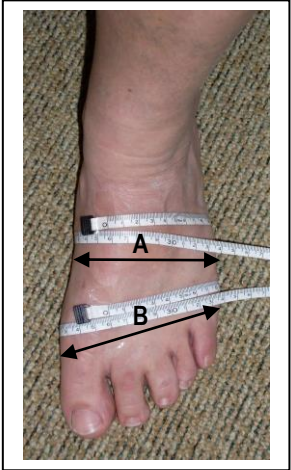
F 03 9326 0633

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24/1	2	3	4	5	6	7	8	9	10
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It is helpful if you can measure **around** the foot with a tape **measure at the points** marked to give an indication of the volume of the foot.

Point A \_\_\_\_\_ cm

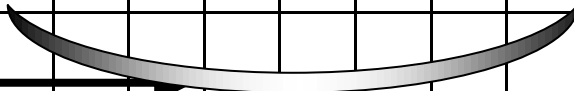
Point B \_\_\_\_\_ cm

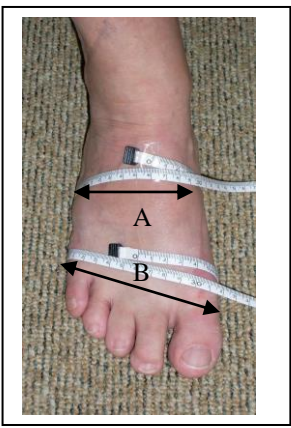
CLIENT NAME

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**LEFT FOOT**

Place left heel here and trace around foot with the pen at a 90 degree angle

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It is helpful if you can measure **around** the foot with a tape **measure at the points** marked to give an indication of the volume of the foot.  
 Point A \_\_\_\_\_ cm  
 Point B \_\_\_\_\_ cm

Place right heel here and trace around foot with the pen at a 90 degree angle

**RIGHT FOOT**