

Date: ___ / ___ / 20___

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.
 - a. Off street parking and a disabled car park is available immediately outside our door
 - b. We are wheel chair and scooter friendly.
 - c. We can provide **complete privacy** for all clients.
2. **There is a charge for each home visit - \$55 or \$100 based on time and distance from Moonee Ponds.**
3. In the case of care facilities **the fee will not be applied to each person, if there are 4 or more clients to be seen at one visit.** We aim to:
 - a. Give excellent service.
 - b. Make the assessment and fitting appointment productive.
 The fee may be waived at the discretion of Clare or Frank Nelson
4. 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.**

Typical application	Product	Approximate Price
Falls Prevention House Shoes - a safer option	DB House Shoes <i>The best thing since sliced bread, especially in the aged care context!</i>	\$150. These can be built up to accommodate a leg length difference
Walking - Comfort, Mobility, Safety, Less Pain. Suitable for orthotics	Pedorthic Footwear – Extra Width and Depth. Within each range we work with shoes made on various lasts which cater for the breadth of foot length, width, depth and shape. We also make cast custom footwear	Minimum \$300. Quote following assessment and fitting. Average price \$400
Washable footwear for continence management	Pulmans therapeutic footwear	\$260. These can be built up for leg length difference and further modified for oedema and lymphoedema.
Protection and warmth	Socks for bed and day wear, including custom made socks and compression socks	From \$15
Cushioning, support, off-loading of pressure areas	Modifiable cushioning options Accommodative orthoses	From \$50 to \$400

5. Please find the attached Home Visit Pack.
6. Please complete all the pages in full. **The administrator 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.**

Yours faithfully,

Clare Nelson – Pedorthist CM AU.
Frank Nelson – Pedorthist

Lyn Bucknell – Administrator, Home Visit Program
Peta Newey – Trainee Pedorthist

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

www.happyfeetpedorthics.com.au



Home Visit Pack

Contact and Payment Details

Client Name: _____

Client type: Please circle- PRIVATE DVA TAC WORKCOVER STATE TRUSTEE

Date of Birth: _____

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: _____

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

_____ Postcode: _____

Please indicate if a quote is required: Yes No

After Hours Access Requirements – evening and weekends: _____

Please return the forms with payment of the agreed amount of \$ _____, payable to:

**“Crispin Cobblings” Trading as Extra Depth Footwear – North West @ Happy Feet
Pedrothics**

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

Oedema: Yes No

Circulation: Poor Good Excellent

Hammer Toes: Yes No

Corns: Yes No

Bunions: Yes No

Sore under the balls of your feet: Yes No

Do you use an orthotic device? Yes No

Please describe any other information in relation to the health of your feet: _____

Mobility – please circle appropriate answer

I walk: regularly, occasionally, rarely

I walk with assistance, using: someone's arm, stick frame

I am non-ambulant

I stand for transfer only

Footwear requirements – circle your need for footwear

Shoes

Sandals - sandals are open toed, with or without backs

Strap Courts – closed in toe shoes with a strap around the ankle

Slippers / House Shoes

Specialist - Pulmans

NOTE: Due to falls risks we do not regularly stock slip on footwear

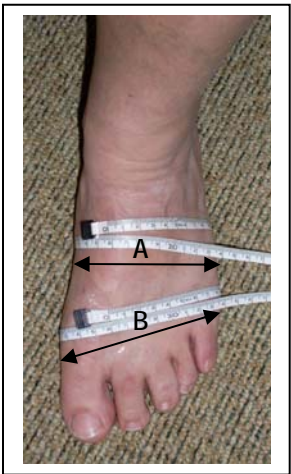
Shoe size currently worn _____

Thank-you for taking the time to complete this form.

All information is confidential and used only to assist us in determining the best footwear for your individual needs.



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

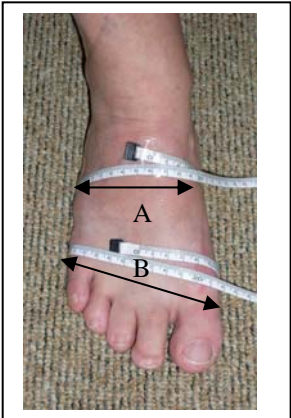
Place left heel here and trace around foot with the pen at a 90 degree angle

CLIENT NAME

LEFT FOOT



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

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



CLIENT NAME

RIGHT FOOT