

Wound Care Service Referral Form

Please return the completed form to the Wound Care Service
at Knowle Clinic by fax - 0117 9190370

Failure to complete this form fully may result in the referral being delayed

Patient details:

Name:			NHS number:	
Date of birth:		Ethnicity:	Address:	
Telephone:	Land:			
	Mobile:			
Postcode:				

Referral Information:

Date of Referral:		Date received:		Rio info:	
Referring person: <small>(Name & role)</small>				Address:	
Telephone:					
Priority weighting 1 or 2 (see referral criteria)					
Service required from WCS: - home visit / clinic appointment / telephone advice / other					
Has the patient been seen by WCS previously? Yes / No / Not sure					

GP details:

GP name, address, telephone and fax:	
GP code (if known):	

Patient next of kin:

Name:		Address:
Telephone:		
Postcode:		

Wound information:

Type of wound:- leg ulcer / surgical wound / pressure ulcer / other	
Medical history:	<i>(if medical summary attached then no need to complete this section)</i>
Diabetes:	
Rheumatoid arthritis / inflammatory disease:	
Infection or cellulitis present:	
Recurrent cellulitis:	
Major surgery:	
Vein surgery / DVT:	
Other significant medical history:	
Allergies:	
Significant medication: <small>(if possible please include list of medications)</small>	

Patient Name:	NHS Number:
Reason for referral to Service:	
Wound - site, description, measurements, duration and previous wound history:	
Current dressings / bandage regime used:	
Information related to wound: <i>Any problems with past dressings, treatments, concordance or other issues</i>	
If leg ulcer - last Doppler results inc sounds, date and where <i>(if available send Leg Ulcer Care Pathway)</i> : Ankle circumferences:	
If pressure ulcer suspected: Category:- 1 2 3 4 unknown <i>(please indicate)</i>	
Any other Services involved with patient: <i>(please indicate)</i> eg - Community Nurses, Practice Nurses, Podiatry, Community Matron, Secondary Care, Dermatology, others	
Has patient been referred to any other Service: <i>(please indicate)</i> eg - Dermatology, Vascular, Plastics, Podiatry, others	

*Please return the completed form to the Wound Care Service
at Knowle Clinic by fax - 0117 9190370*