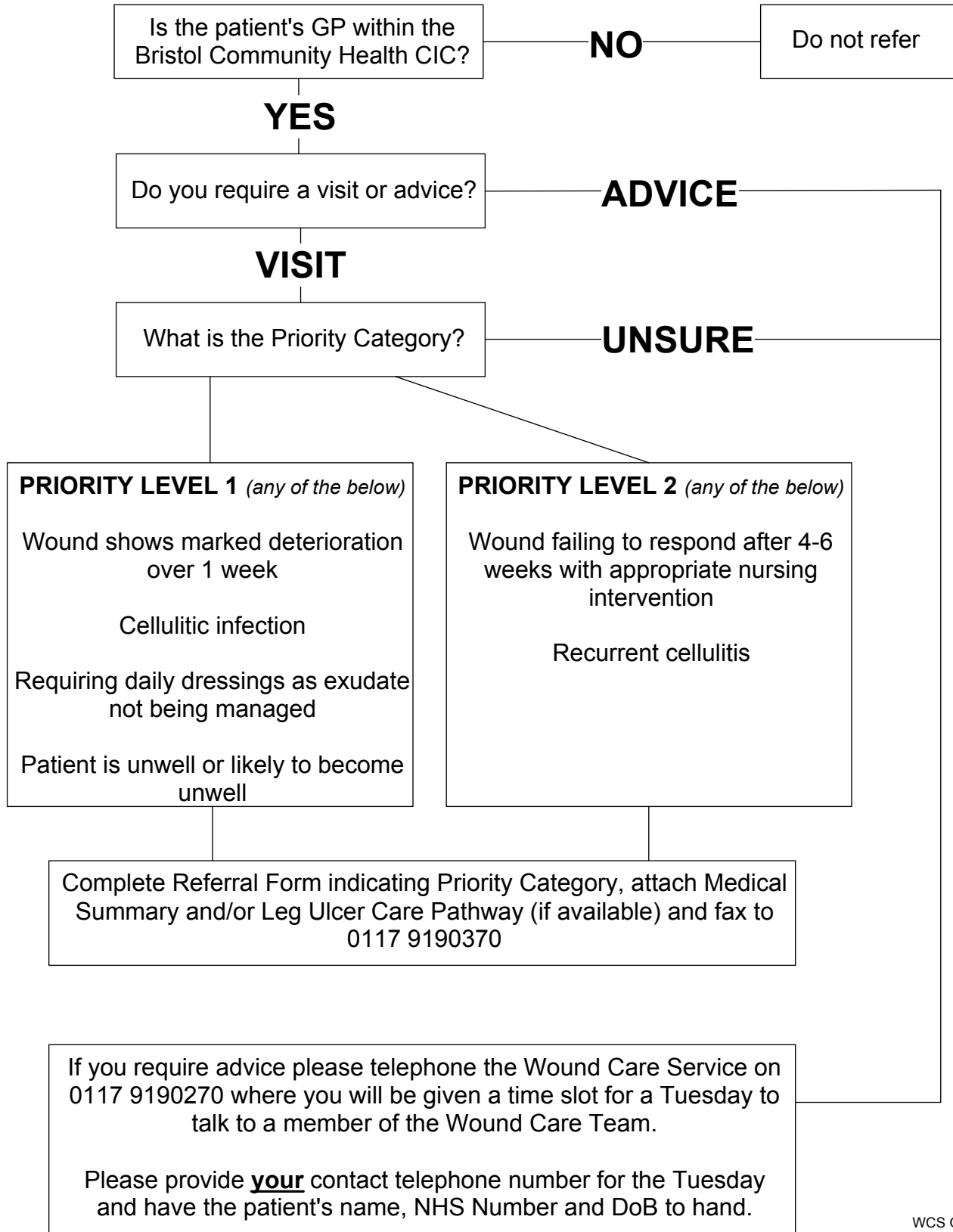


The following guidelines and prioritisation levels have been developed to ensure effective use of the Wound Care Service



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*