			Wot	und Ref	ferr	al			
Date:	Address:					Doctor:			
Patient Name:	Allergies:					DOB:			
Number of wounds: 1	2 3	4 5	6	6+					
Is the patient on NDIS	Yes, F	Plan Manage	anaged Yes, Self Managed						
Type of Consultation: On-site (Min of 5 referrals re				ed)	Telehealth				
Diagnosis:	F	listory/Concerr	is:						
Medication:	Cytotoxic		Ster	oids		Anticoagulant	ts	N	N/A
	•	Loca	tion and	type of wo	und: _			_	
	and Sun			Skin Tear: Category Pressure Inj Stage I Stage IV Unstage	ury:		2a Stage III Tissue	2b	3
				Ulcer: Diabetic Skin Cancer	Mixe	d Venous  Abrasion	Arterial <b>B</b> l	Unkn ister	own
لايول المهيه	freed proof		Surgical		Laceration	В	ırn		
				IAD		Other			
To mark wound locat press close one finish Surrounding Skin:	ned.	Comment,   =   t/redness/swe		use the dr		tool that looks I		n the boo	dy, and
Length:		Depth:				Width:		-	
Wound Colour:  Pink Yellow Black Green		Vital Signs: Pedal Pulse Temp Other				Pain: During proce Intermittent Constant			
				ght one		Odour: Yes No			
Current Cleansing Agent Current Primary D			ary Dres	Sing Secondary Dres			essing		
Bandaging/retention dressing				Add	ditiona	al:			
Frequency I have attached the patient's medical history and medi				tion short		Vac		No	
I have sent clear current colour photos of the wound					t'c dot	Yes tails. Yes		No No	
Do you consent for d (Please check with th	e-identified o	clinical photogr	aphs to	be used for	resear	rch, education an ore answering)	d training	purpose	s?
Referring Person Signature:				Print Nam	ie:	Yes		No	
Clinical Managers Name:				Email					