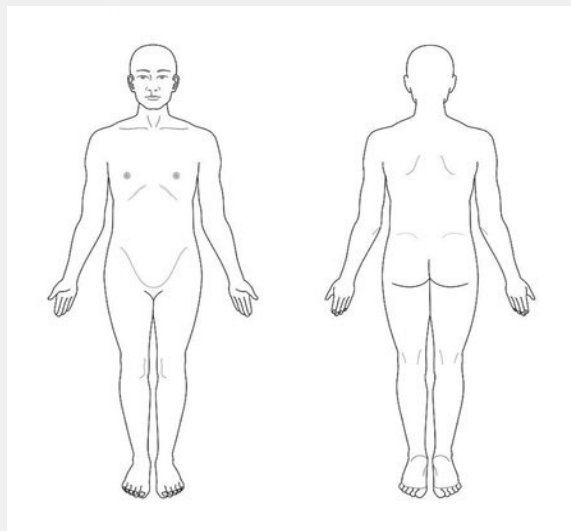


## Wound Referral

Date:	Address:	Doctor:
Patient Name:	Allergies:	DOB:
Number of wounds: 1    2    3    4    5    6    6+		
Is the patient on NDIS:                      No                      Yes, Plan Managed                      Yes, Self Managed		
Type of Consultation:    On-site (Min of 5 referrals required)                      Telehealth		
Diagnosis:	History/Concerns:	
Medication:	Cytotoxic                      Steroids                      Anticoagulants                      N/A	

Location and type of wound: \_\_\_\_\_



- Skin Tear:**  

Category	1a	1b	2a	2b	3
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- Pressure Injury:**  

Stage I	Stage II	Stage III
Stage IV	Suspected Deep Tissue	
Unstageable		
  
- Ulcer:**  

Diabetic	Mixed	Venous	Arterial	Unknown
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- Skin Cancer**                      **Abrasion**                      **Blister**
  
- Surgical**                      **Laceration**                      **Burn**
  
- IAD**                      **Other** \_\_\_\_\_

To mark wound location/s, go to Comment, Comment use the drawing tool that looks like on the body, and press close one finished.

Surrounding Skin:	Inflamed (heat/redness/swelling)	Friable	Macerated	Dry
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Length:	Depth:	Width:
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Wound Colour: Pink      Yellow Black     Green	Vital Signs: Pedal Pulse Temp Other	Pain: During procedure Intermittent Constant
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Exudate Type: Serous      Serosanguineous Purulent    Sanguineous	Exudate Amount: Heavy      Light Moderate   None	Odour: Yes No
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Current Cleansing Agent	Current Primary Dressing	Secondary Dressing
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Bandaging/retention dressing	Additional:
Frequency	

I have attached the patient's medical history and medication chart	Yes	No
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I have sent clear current colour photos of the wound with the patient's details.	Yes	No
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Do you consent for de-identified clinical photographs to be used for research, education and training purposes? (Please check with the patient or patient's authorised descison maker before answering)		
	Yes	No

Referring Person Signature:	Print Name:
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Clinical Managers Name:	Email
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**NB: 3 days' notice is required for all cancellations. WoundRescue reserves the right to charge if outside this time frame.**

Forward the completed referral to [admin@woundrescue.com.au](mailto:admin@woundrescue.com.au) or Fax 02 4023 4895 and an appointment will be scheduled