			Wou	und F	Referra	al				
Date:	Address:					Contact Number				
Doctor:			Patient	Name:						
Allergies:						DOB:				
Number of wounds: 1	2 3	3 4 5	6	6+						
Is the patient on NDI		Plan Ma	naged	ed Yes, Self Managed						
Type of Consultation:		Min of 5 referr				Telehealth	<u>, </u>			
Diagnosis:	· · · · · ·		ry/Concer	-						
Medication:	Cytotoxic		Ster	oids		Anticoagulan	ts	N,	/A	
	-	Loc	cation and	l type of	wound: _					
				Skin Tea Cat Pressur Stag Stag	1a r e Injury: ge I	Stage II Suspected Dee	2a Stage III p Tissue	2b	3	
	The Table		luh.	Ulcer: Diabetion		Unstageable d Venous Abrasion	Arterial	l Unkno	own	
				Surgical		Laceration	ļ	Burn		
To mark wound locat	ned.		Commen						y, and	
Surrounding Skin: Inflamed (heat/redness/swellin			/elling)	Friable		Macerated		Dry		
Length:		Depth:				Width:				
Pink Yellow Temp Black Green Other			Pedal Pul Temp Other	se		Pain: During prod Intermitten Constant				
Exudate Type: Exudate Amount: Serous Serosanguineous Heavy			Li	Odour: Yes						
				one		No Secondary Pressing				
Current Cleansing Agent Current Primary D				sing	Secondary Dressing					
Bandaging/retention	dressing	1			Additiona	al:				
Frequency I have attached the patient's medical history and medic				tion cha	art	Yes		No		
I have sent clear curr								No		
Do you consent for d (Please check with the Yes No	le-identified	clinical photo	graphs to	be used	for resear				;?	
Referring Person Signature:				Print Name:						
Clinical Managers Name				Fmail						