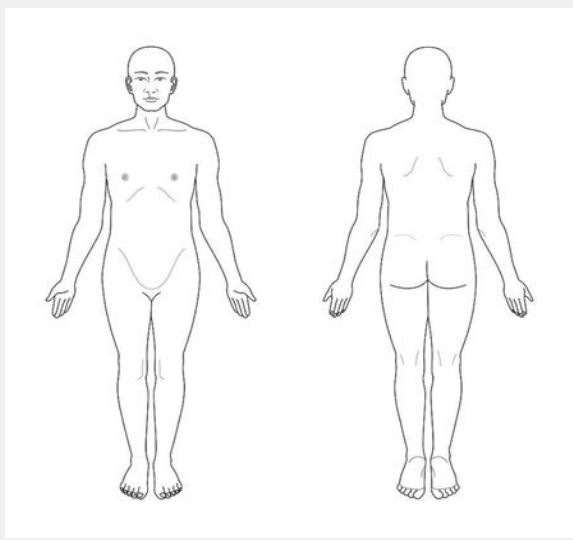


<b>Wound Referral</b>																									
Date:		Address:		Contact Number																					
Email for Confirmation of appointment:																									
Doctor:			Patient Name:																						
Allergies:				DOB:																					
Medicare Card number:		Private Health Insurance Provider:																							
Reference Number:		Exp:		Card Number:																					
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																									
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 40%;">  </div> <div style="width: 60%;"> <p><b>Location and type of wound:</b> _____</p> <p><b>Skin Tear:</b></p> <table style="width: 100%; text-align: center;"> <tr> <td>Cat</td> <td>1a</td> <td>1b</td> <td>2a</td> <td>2b</td> <td>3</td> </tr> </table> <p><b>Pressure Injury:</b></p> <table style="width: 100%; text-align: center;"> <tr> <td>Stage I</td> <td>Stage II</td> <td>Stage III</td> </tr> <tr> <td>Stage IV</td> <td colspan="2">Suspected Deep Tissue</td> </tr> <tr> <td colspan="3">Unstageable</td> </tr> </table> <p><b>Ulcer:</b></p> <table style="width: 100%; text-align: center;"> <tr> <td>Diabetic</td> <td>Mixed</td> <td>Venous</td> <td>Arterial</td> <td>Unknown</td> </tr> </table> <p><b>Skin Cancer</b>                      <b>Abrasion</b>                      <b>Blister</b></p> <p><b>Surgical</b>                      <b>Laceration</b>                      <b>Burn</b></p> <p><b>IAD</b>                      <b>Other</b> _____</p> </div> </div>						Cat	1a	1b	2a	2b	3	Stage I	Stage II	Stage III	Stage IV	Suspected Deep Tissue		Unstageable			Diabetic	Mixed	Venous	Arterial	Unknown
Cat	1a	1b	2a	2b	3																				
Stage I	Stage II	Stage III																							
Stage IV	Suspected Deep Tissue																								
Unstageable																									
Diabetic	Mixed	Venous	Arterial	Unknown																					
Surrounding Skin:    Inflamed (heat/redness/swelling)                      Friable                      Macerated                      Dry																									
Length:		Depth:		Width:																					
Wound Color:		Vital Signs:		Pain:																					
Pink                      Yellow Black                      Green		Pedal Pulse Temp Other		During procedure Intermittent Constant																					
Exudate Type:		Exudate Amount:		Odor:																					
Serous                      Serosanguineous Purulent                      Sanguineous		Heavy                      Light Moderate                      None		Yes No																					
Current Cleansing Agent		Current Primary Dressing		Secondary Dressing																					
Bandaging/retention dressing				Additional:																					
Frequency																									
I have attached the patient's medical history and medication chart				Yes                      No																					
I have sent clear current color photos of the wound with the patient's details.				Yes                      No																					
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 next of kin before answering)																									
Yes                      No																									
Unless otherwise advised by the referrer at the time of the referral, WoundRescue will schedule a routine follow-up review in 2 to 4 weeks to monitor healing progress and adjust the plan as required.																									
Do not schedule follow-up (reason)																									
Referring Person Signature:				Print Name:																					
Clinical Managers Name:																									