

Wound Referral

Date:	Address:	Contact Number
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Who would you like the appointment details to go :

Doctor:	Patient Name:
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Allergies:	DOB:
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Number of wounds: 1 2 3 4 5 6 6+

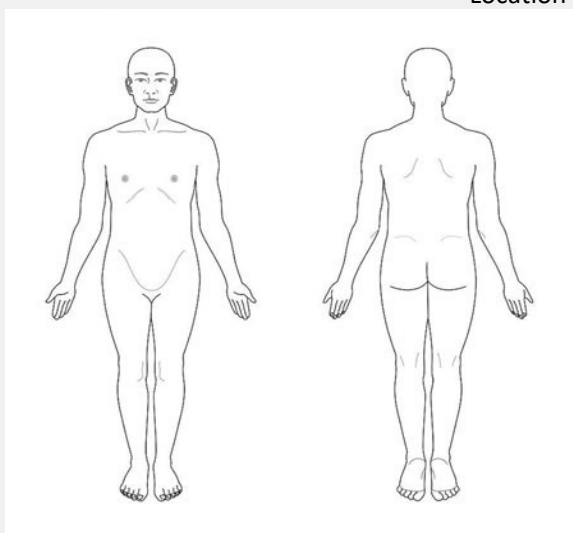
Is the patient on NDIS: No Yes, Plan Managed Yes, Self Managed

Type of Consultation: On-site (Min of 5 referrals required) Telehealth

Diagnosis:	History/Concerns:
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Medication: Cytotoxic Steroids Anticoagulants N/A

Location and type of wound: _____



- Skin Tear:**

Cat	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

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

I have sent clear current colour 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

Referring Person Signature:	Print Name:
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Clinical Managers Name:

