Chronic Wound Assessment Clinic Referral

Phone: 421777602, FAX: 95428388
Address: Level 1, Suite 2, 531-533 Kingsway, Miranda

- This clinic provides an ambulatory care clinic and tele-health appointments
- For ENQUIRIES call 0421777602
- Referrals may be faxed to 95428388
- We are available reply to enquiries on Tuesdays or Thursdays
- Consultations only on Thursday afternoons: 1pm - 5pm

Patient Details	GP Details
Name:	**Name:**
DOB:	**Practice:**
Address:	**Phone:**
Patient phone:	**Fax:**

Who will be our contact to discuss this appointment?

Contact Name: **Mobile Phone:** **Relationship to patient:**

PLEASE NOTE THAT THIS IS A WOUND ASSESSMENT AND ADVISORY CLINIC - NOT A WOUND DRESSING CLINIC*

Referral criteria (all these must apply to qualify)

- ☐ Chronic or complex wound
- ☐ Greater than 6 weeks duration
- ☐ Wound is failing to heal despite usual treatment
- ☐ GP has consulted on this wound and approves this referral
- ☐ Patient can attend the clinic - must be able to transfer with minimal assistance of one person

OR

☐ Tele-health appointment required as patient CAN'T transfer easily with one or less people

PHOTOS OF THE WOUND/S: **SEND TO OUR MOBILE NUMBER 0421777602 WITH PATIENTS DETAILS + SITE**

Past History:

Please attach a GP patient health summary with this referral which includes:

- Past History
- Current Medications

Allergies: (list specific allergen/s and reaction/s)

☐ Nil allergies……. ☐ Iodine……..
☐ Latex…….…….. ☐ Tape…….……
☐ Local anaesthetic……... ☐ Other……...
☐ Medications…….……

Current Medical History (these may impair wound healing)**:**

☐ Diabetes	☐ Anaemia	☐ Anticoagulants
☐ Arterial disease	☐ Venous disease	☐ Immunosuppresents
☐ Lymphoedema	☐ Renal Failure	☐ Steroids
☐ Heart Failure	☐ Peripheral Neuropathy	☐ Chemotherapy
☐ Hypertension	☐ Dementia	
☐ Previous leg ulcers	☐ Malignancy	

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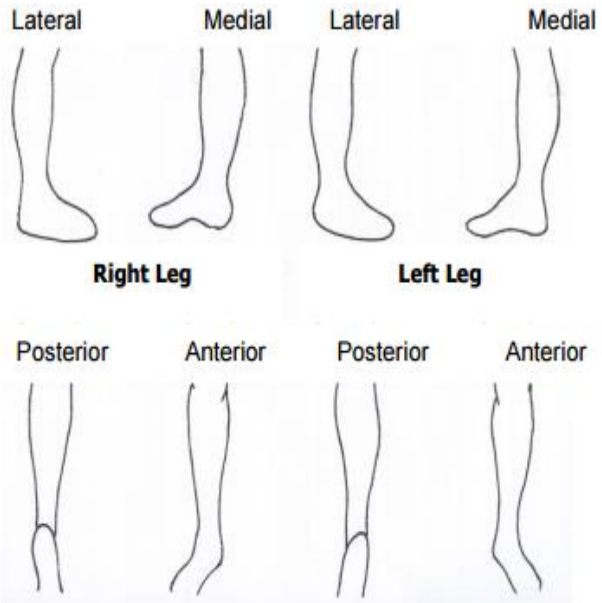
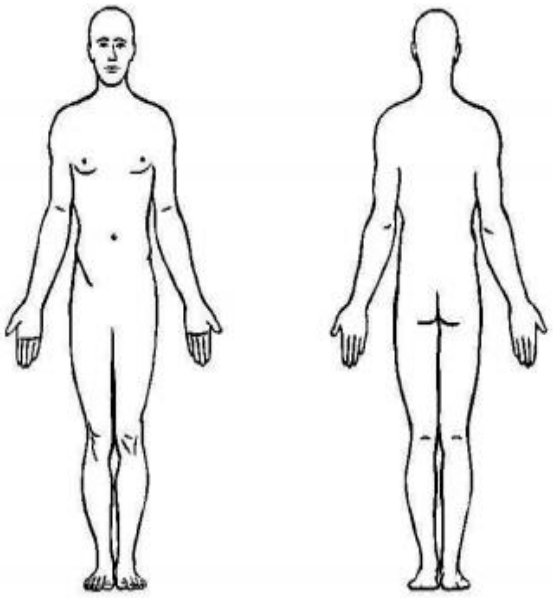
Mark location of all current wound/s:





What caused the initial wound/s?

How long has the wound/s been present?

What is currently being used to dress the wound/s?

PLEASE ATTACH:

1. Pathology Tests: (these are not essential but may assist determining reason for non-healing)

- Wound Swab reports
- FBC, LFT & EUC
- Iron Sudies
- HbA1c
- Wound biopsy

2. ABI/Venous Doppler/Arterial Doppler results/Radiology(if available)

3. GP Referral or GP Health Summary

4. WOUND PHOTOS:

- **should be sent to our Mobile No. 0421777602**
- **include a message with Patients Details and site of wound.**
- **no faxed photos as they have very poor resolution**

Please FAX this form with attachments to 9540 8164

Referrals will be responded to within 1-2 weeks of receiving referral.