

## REFERRAL

Health Professionals and individuals are welcome to use this template to refer to Good Wound Care to ensure referrals are timely and thorough. Images and a medical background are appreciated.

Referrals may be emailed, posted, or completed online at <http://goodwoundcare.com/referral-form/>

Patients Full Name ..... Gender ..... DOB:    /    /    Age: .....

Address .....

Phone ..... Email .....

NOK / Carers name/contact details .....

Billing particulars if other than self. Include case manager/support co-ord contact details if relevant. Third party funding confirmation required in writing prior to service delivery .....

GP ..... Clinic .....

Address .....

Phone ..... Email .....

List any other clinicians involved in the wound care (Specialists, Surgeons, Allied Health, Carer Agency, Wound Clinics)

Medical History (or attach GP health summary):

Current Medications:

Wound or oedema (swelling) location:	Age of Wound or oedema:
Wound or oedema cause (if known):	
Reason for referral (outline of problem / presenting issues / specific requests to be addressed):	
Summary of previous wound or oedema care and treatments:	
Who has this been provided by:	
Surgical / Trauma History:	
Allergies:	
Results of investigations (swab, biopsy, blood tests, scans, ultrasounds, x-rays, MRI, angiography) Attach results.	

If not self, referral completed by ..... Designation ..... Date    /    /  
 Contact info, if not already stated .....