

Chronic Wound Clinic Referral

125 Kareena Rd, Miranda (parking on site)

NOTE: This clinic operates 1-4pm TUESDAYS only

Patient Details	GP / Specialist Referrer Details
Name:	Name:
DOB:	Provider Number:
Address:	Practice:
Phone:	Address:
Email:	Phone:
Medicare No	Fax:
Next of Kin Name:	Email:
Next of Kin Contact Phone:	Date of Referral:
Next of Kin alternate Phone:	Preferred method of contact: Fax <input type="checkbox"/> Email <input type="checkbox"/>

Does the patient have any of the following:

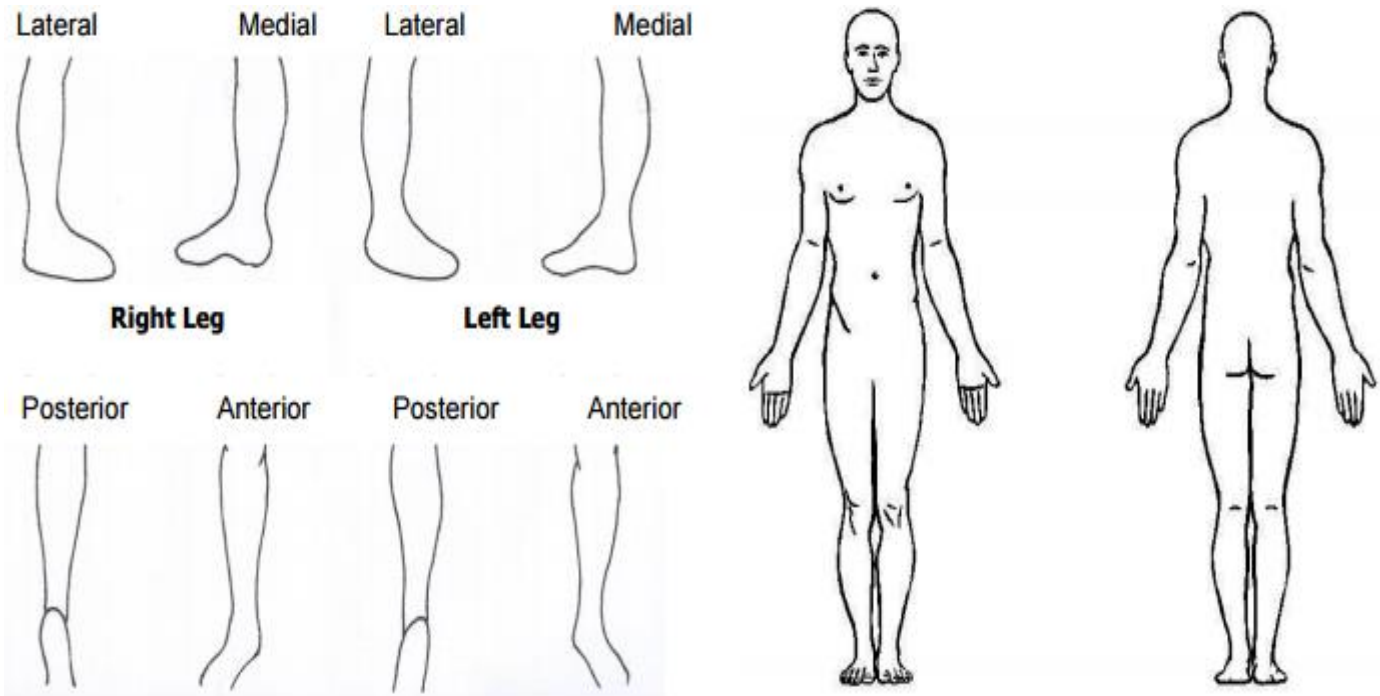
- Previous leg ulcers
- Diabetes
- Arterial disease
- Venous disease
- Lymphoedema
- Renal Failure
- Heart Failure
- Peripheral Neuropathy
- Anaemia

If yes for previous ulcers, what type and how long ago:

Past History: Please attach a summary with this referral which includes:

- Past History,
 - Current Medications
 - Allergies
 - Relevant investigations (such as Venous or Arterial studies, biopsies, histopathology, swab reports FBC, Iron, HbA1c, etc)
- (the most recent annual GP summary for nursing home patients may be appropriate)

Please mark location of all current wound/s



Details of current wound/s needing review: (e.g. duration, cause and who else has reviewed the wound):

Will this patient be attending the clinic in person or via video-call/tele-health?

- In person at clinic (patient must be able to transfer onto medical bed. If assistance is required you must provide a staff member or capable family member to perform the transfer)
- Video-call/Tele-health (we will send you the link once we confirm your booking)

COMPULSORY

GP verification that this patient has a chronic wound (>6wks) which is not improving despite treatment and all the information provided is current, thorough and relevant

GP Signature:

Please email this form back to Seslhd-tshiwcc@health.nsw.gov.au or Fax 9540 8164

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