

Name: DOB:

Address:

..... Phone:

COMPLEX WOUND REVIEW REFERRAL

MEDICAL HISTORY

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.....

MEDICATIONS

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REASON FOR WOUND REFERRAL

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WOUND CARE REGIME - PREVIOUS OR CURRENT

.....

NUTRITIONAL SUPPLEMENTS BEING USED

.....

FOR PRESSURE INJURIES, EQUIPMENT CURRENTLY IN PLACE

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.....

PRESSURE INJURY PREVENTION & CONTINENCE MANAGEMENT STRATEGIES IN PLACE

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.....

FOR LOWER LIMB VASCULARISATION, IS A VASCULAR SPECIALIST INVOLVED?

If yes, please provide name & contact below

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HAS THE PATIENT BEEN REVIEWED BY A VASCULAR SPECIALIST IN THE LAST 6 MONTHS?

If yes, please provide report/ outcome

Please turn over to complete referral... >>

PLEASE PROVIDE THE FOLLOWING

- Wound Photography
- Recent Wound Swab
- Recent Pathology Results
- Recent Antibiotic Treatment

PLEASE SELECT IF APPLICABLE

- Is GP involved with wound management?
- Does GP want to be involved in case conferencing?
- Are telehealth facilities available?

Referring Doctor:

Address:

Phone: Fax: Would you like to receive correspondence by email?

Email:

Provider Number: Signature:

Referral Date:



For any urgent wound care reviews, you can contact Brian Tait on **0418 369 165**



HARBOUR VASCULAR
WOUND CARE

Sydney Locations

Northern Beaches Hospital

Level 7, Suite 15
105 Frenchs Forest Rd W
Frenchs Forest NSW 2086

Contact Details

- ☎ 02 9066 6547
- 📞 02 9182 7533
- ✉ admin@harbourvascular.com.au
- 🌐 harbourvascular.com.au

