ADVANCED WOUND CARE CONSULTANTS

Center Name and Contact Information:

Wound Care
2990 W. Horizon Ridge Pkwy #100
Henderson, NV 89052
PHONE: (702) 899-8100

WOUND CARE REFERRAL FORM

Today's Date:		Patient DOB:	
Patient Name:		◯M ◯F	
Primary Care Physician:		Phone:	
PATIENT DEMOGRAPHICS (may attach face sheet instead)			
Address:	City:	State:	Zip:
Phone:	Alternate Phone:		
PATIENT INSURANCE INFORMATION (may attach face sheet instead)			
Primary:		ID#:	Group#:
Phone:			
Secondary:		ID#:	Group#:
Phone:			
Is patient in a nursing home?	◯ No ◯ Yes	Facility name:	
Is patient a SNF resident?	◯ No ◯ Yes	Facility name:	
Is patient receiving home health care?	◯ No ◯ Yes	Facility name:	

REFERRAL REASON	***Wound Location***		***Wound Location***
☐ Arterial/ischemic ulcer		☐ Compromised skin graft or flap	
☐ Diabetic foot ulcer		☐ Crush injury	
☐ Pressure injuries/ulcer		☐ Non-healing, post-surgical wound	
☐ Venous ulcer		☐ Traumatic wound	
☐ Post-radiation ulcer/wound		☐ Other	
ADDITIONAL COMMENTS:			
Is patient on antibiotics?	◯ No ◯ Yes	RX name:	
Is patient on blood thinners?	◯ No ◯ Yes	RX name:	

REFERRER INFORMATION				
Name:	Phone:		Fax:	
Referral Source:	☐ Physician	☐ Discharge Planner	☐ Nuring Home	☐ Nurse Practitioner
	☐ Home Health	☐ PA	☐ Other:	

PLEASE INCLUDE ALL RELEVANT MEDICAL RECORD PROGRESS NOTES WITH DIAGNOSIS, LAB TESTS AND IMAGING RESULTS.