GOODWOUNDCARE
Your wound matters

Donna Nair
Wound Nurse Consultant
Lymphoedema Practitioner
0425 853 581
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PO Box 68 Teesdale Vic 3328

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 https://goodwoundcare.com/referral-form/

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

Address .....

Phone / Email .....

NOK/Carers contact info .....

.....

Billing particulars if other than self (Third party confirmation required in writing prior to service delivery)

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GP Name.....Clinic .....

Address .....

Phone / Email .....

Other relevant clinicians / contact info (Specialists, Allied, Case Manager, Support Coord, Plan Manager, Carer agency, Wound Clinics)

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Medical History (or attach GP health summary)

Current medications

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Age of Wound (state if estimate) Wound or Oedema (swelling) location   Wound or Oedema cause (if known)
Reason for referral (outline of presenting issues/specific requests)
Summary of past and current wound/oedema care (and who this has been provided by)
Surgical history
Allergies
Attach or outline any relevant investigation results (biopsy, blood tests, scans, ultrasounds, xrays, swabs)

Referral completed by ..... Designation ..... Date / /

Contact Info if not already stated above .....

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