|  |
| --- |
| **A: Referral Will not be processed if this section not completed** |
| **Referral Date** |  | **Health Service** |  |
| **Referring Nurse** |  | **Designation** |  |
| **GP Name** |  | **GP Contact No.** |  |
| **B: Reason for Referral** |
| **🞏** | Wound is Deteriorating/Not Improving | **🞏** | Symptom Management |
| **Symptoms Conditions** | **🞏** | Pain / parasethesia | **🞏** | Itching | **🞏** | Odour | **🞏** | Fatigue | **🞏** | Insomnia |
| **🞏** | Incontinence | **🞏** | Other: Specify  |  |
| **C: Location of Each Wound** |
| **Wound 1** |  | **Wound 2** |  |
| **Wound 3** |  | **Wound 4** |  |
| **D: Chronic Oedema (in any area or limb that has a wound. Specific location not required)** |
| **🞏** | Present for >3 months | **🞏** | Pitting (up to 10 seconds pressure) | **🞏** | Hard non-pitting | **🞏** | Positive Stemmers sign |
| **E: Insert wound number/s as indicated above, against each wound AETIOLOGY / TYPE** |
| **Typical Aetiology** | Veno-lymphatic |  | Arterial/ Ischaemic |  | Neuropathic |  |
| Neuro- Ischaemic |  | Lymphatic |  | Mixed Disease |  |
| Abscess |  | Fistula/Sinus |  | Malignant |  |
| **Acute** | **🞏** | Surgical | **🞏** | Burn 🞏 Trauma other than Skin Injury: Specify.  |
| **Atypical Aetiology** | Diagnosis |  | **🞏** | Diagnosis Unknown |
| **Skin Injury** | **Pressure Injury** |
| Stage 1 |  | Stage 2 |  | Stage 3 |  | Stage 4 |  |
| Unstageable |  | Suspected Deep Tissue |  |
| **Skin Tear** |
| Type 1 |  | Type 2 |  | Type 3 |  |
| **Dermatitis and Skin loss with moisture – associated damage** |
| **🞏** | Incontinence (IAD) | **🞏** | Intertriginous | **🞏** | Periwound | **🞏** | Peristomal  |
| **Other** |
| **🞏** | Mucosal Pressure Injury | **🞏** | Medical – Adhesive related Skin Injury (MARSI) | **🞏** | Radiation Dermatitis with Skin Loss |
| **F: Attached History Referral will not be processed if 1) & 2) and 3) not provided** |
| **🞏** | **1**  | **Medical History** (GP Medical Summary & ACAS Comprehensive Assessment or NDIS Support plan) | **🞏** | **2** | **Medications** (Current) |
| **🞏** | **3** | **Investigations** (All relevant reports/results e.g. Vascular, Radiology, Pathology / Biopsy) | **🞏** | **4** | **Allergies/Sensitivities (Inc. Tape)** if not included in Medical Summary |
| **G: Email form (page one ONLY if handwritten) and photos\*, in separate emails to:** **monika.samolyk@gatewayhealth.org.au** |
| **\*MAX of 3 CURRENT photos per wound including 1) Close-up of wound 2) Old dressing with exudate and 3) Wider area (Legs, abdomen etc). Referral will not be processed without photos however please DO NOT send excess photos.** |