

## NURSING HOME- Tissue Viability Service Referral Form

MEDICAL SUMMARY INCLUDING PAST MEDICAL HISTORY, MEDICATION AND PHOTO ARE ESSENTIAL

<p><b>DATE:</b></p> <p><b>Patient Details: (please print)</b>  <b>Name:</b>  <b>Address:</b></p> <p><b>D.O.B:</b></p> <p><b>Tel. No:</b>                      <b>Mobile No:</b></p>	<p><b>NHS No: (essential)</b></p> <p><b>Details of Referrer: (please print)</b>  <b>Name:</b>  <b>Phone No;</b>  <b>E-mail</b></p> <p><b>Has patient given permission to share</b>    YES/NO  <b>Has patient agreed to this referral?</b>       YES/NO</p>
<p><b>GP Details:</b>  <b>Name:</b></p> <p><b>Surgery:</b></p>	<p><b>Tel. No:</b></p> <p><b>Is GP aware of this referral ?</b>    YES/NO</p>
<p><b>Significant Clinical / Medical History:</b>  e.g.Chronic diseases, significant illnesses and operations.</p> <p><b>General:</b>  Diabetes (Type)  Cardiovascular Disease  Rheumatic/auto-immune conditions  CVA (Stroke )  Fully Mobile  Wheelchair user</p> <p><b>Current BMI:</b></p> <p><b>Known allergies</b> (please list)</p> <p>MRSA (if known)                  Negative / Positive  Date of last screen.</p>	<p><b>Current Medication</b></p> <p><b>Are they known to other health professionals?</b>  Name:   Profession:</p>
<p><b>Reason for referral to Tissue Viability Service:</b>  (circle / tick all relevant and add any other)</p> <ul style="list-style-type: none"> <li>• Grade 4 pressure ulcers ( except intact black necrotic heels)</li> <li>• Fungating wounds</li> <li>• A wound cavity</li> <li>• Rapidly deteriorating wound</li> <li>• Bone/ tendon exposed</li> <li>• Wound larger than10 x 10cm</li> </ul> <p>Following a discussion withy referrer the TVN will make a decision if a visit is appropriate</p> <p><b><i>*Full Blood Count must be taken prior to referral and sent with or after referral ready for assessment</i></b>  <b><i>**Attach Photograph of wound with referral form (don't fax)</i></b></p>	<p><b>Current Dressings/ Bandage /Treatments</b> including creams, ointments, dressings, bandages etc</p>

**Complete one section only:**

**Wound/Pressure Ulcer:**

Sites

Duration(in weeks):

Size(in cms):

**Wound History**

**Pressure Ulcer Classification**

(EUPAP grading system 2009)

<http://www.epuap.org/gltreatment.html#top>

Grade 1

Grade 2

Grade 3

Grade 4

Date graded

**Pressure Risk, Braden/Waterlow (date last calculated):**

**MUST Nutrition Score (date last calculated):**

[http://www.bapen.org.uk/must\\_tool.html](http://www.bapen.org.uk/must_tool.html)

**Pressure Ulcer Relieving Equipment in place:**

**Leg Ulcer:**

Leg Ulcer/Limb problem: Left/ Right / Bilateral  
(circle one)

Site/s:

Duration(in weeks):

Size(in cms):

**Ulcer History**

**Lower Limb Arterial Status: Doppler**

Date last Doppler done:

If not undertaken what are the reasons.

By:

**Designation:**

Systolic	Left ABPI	Right ABPI	Arterial Sounds (must be recorded)	
Brachial			Left	Right
Dorsalis Pedis			Triphasic	
Posterior Tibial			Biphasic	
			Monophasic	
			Uncertain/	
			Unobtainable	
ABPI			<i>If last 2 boxes ticked or ABPI below 0.8 ,contact the Leg Ulcer Service by telephone to discuss urgency of referral</i>	

Form completed by:

Designation:

**ALL SECTIONS OF THIS FORM NEED COMPLETING OR WILL BE RETURNED**

**If you have photos please e-mail then to the address the below  
Please do not fax photos**

Please e-mail to:- [hp-tr.clinicaladmin@nhs.net](mailto:hp-tr.clinicaladmin@nhs.net)

**BOTH PAGES TO BE COMPLETED**

Date referral received:

Date & Time of arranged visit:

**Printout of Medical Summary is always required**