REFERRAL FORM -- LOWER EXTREMITY WOUND PATHWAY **venous stasis/arterial/diabetic foot wounds**

To:_____

Fax#:_____

FAX TO LOCAL HOMECARE AND TO VASCULAR SPECIALIST IF NEEDED

Patient name:	
Address:	
DOB:	HSN:
Age:	Treaty:
Phone:(h)	(w)

PERTINENT MEDICAL HISTORY: please attach any relevant documents

☐diabetes ☐CKD stage ___ ☐heart failure **Medications**:

☐peripheral arterial disease ☐obesity ☐varicose veins or previous DVT

☐CAD ☐smoker

☐hypertension ☐other: **Allergies**:

ULCER CHARACTERISTICS:

NOTE: **Red flags for urgent specialist referral** include: severe/ limb-threatening infection, gangrene, acute ischemia

Location:	☐ Proximal to medial malleolus	☐ Over bony prominence on the lower leg/ foot
Skin and wound appearance:	☐ Shallow wound, irregular border ☐ Surrounding skin edema/induration ☐ Stasis dermatitis ☐ Skin hyperpigmentation of lower leg	☐ Punched out/deeper wound, well-defined border ☐ Surrounding skin atrophic, shiny, dry ☐ Dystrophic nails, absent toe hair ☐ Foot deformity
Circulation & sensation:	☐ Pedal pulses present ☐ No signs of neuropathy	☐ Poor capillary refill ☐ Pedal pulses weak/absent ☐Loss of sensation to 10g monofilament or perception of 128Hz tuning fork at big toe ☐ Patient report of neuropathic pain ☐ Patient report of claudication/ ischemic type pain ☐ Signs of intrinsic foot muscle weakness
Size of wound:	☐ previous ulcer	☐ previous amputation
Duration of this ulcer:	Initiating event:	

PROBABLE ETIOLOGY: ☐ Venous ☐ Arterial ☐ Diabetic (neuro-ischemic) ☐ Mixed ☐ Uncertain

Signs of infection (if any): 2 or more signs of severe infection indicate urgent specialist referral

Mild – moderate	☐ purulent exudate ☐ skin erythema <2cm surrounding ulcer
Severe	☐ systemic signs/toxicity ☐ cellulitis (skin erythema >2cm surrounding ulcer) ☐ gangrene ☐ foul odor ☐ deep tissue involvement (bone, joint, abscess) ☐ increasing pain

Recent lab tests: ☐ A1C _____ ☐ Creatinine _____ ☐ eGFR _____

Treatment to date:

TRIAGE DECISION:

☐ **URGENT REFERRAL (red flags) – send patient to ER, or page on-call vascular surgeon and fax this form**

☐ **NON-URGENT REFERRAL to homecare** for treatment according to pathway protocols *(home care nurse may order a wound swab in referring physician / NP name if required)* – **fax this form to nearest homecare team**

☐ **NON-URGENT REFERRAL for vascular assessment** of diabetic foot ulcer – **fax this form to vascular specialist**. Non-urgent diabetic foot ulcers should also be referred to homecare for initiation of treatment.

PHYSICIAN/RN-NP NAME_____ SIGNATURE_____

PHONE NUMBER_____ DATE_____