REFERRAL FORM -- LOWER EXTREMITY WOUND PATHWAY

venous/arterial, neuropathic & diabetic foot wounds

Regional home care

FAX: **PHONE:**

Specialist

PHONE: on-call vascular specialist

PATIENT INFORMATION	
Surname:	First Name:
Address:	
DOB:	HSN:
Age:	Treaty:
Phone:(h)	(w)

PERTINENT MEDICAL HISTORY: please attach any relevant documents

- ☐ diabetes
- ☐ peripheral arterial disease
- ☐ CAD
- ☐ hypertension
- ☐ CKD stage ___
- ☐ obesity
- ☐ smoker
- ☐ other:
- ☐ heart failure
- ☐ varicose veins or previous DVT
- ☐ **Allergies**:

Medications:

ULCER CHARACTERISTICS:

NOTE: **Indications 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
Appearance:	☐ Shallow, irregular border ☐ Surrounding skin edema/induration ☐ Stasis dermatitis / skin hyperpigmentation of lower leg	☐ Punched out/deeper wound, well-defined border ☐ Surrounding skin atrophic, shiny
Foot exam:	☐ Pedal pulses present ☐ Swelling/peripheral edema (reported/ present)	☐ Pedal pulses weak/absent ☐ Features of chronic ischemia: dry atrophic skin, dystrophic nails, absent toe hair, poor capillary refill ☐ Patient report of claudication/ ischemic type pain ☐ Foot deformity
Neuropathy:	☐ No signs	☐ Loss of sensation to 10g monofilament or perception of 128Hz tuning fork at big toe ☐ Patient report of neuropathic 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:

☐ No signs infection	
☐ Mild – moderate infection	☐ purulent exudate, ☐ skin erythema <2cm surrounding ulcer, ☐ no systemic signs, ☐ no signs significant ischemia, ☐ no deep tissue involvement
☐ Severe infection	☐ 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:

- ☐ **Contact on-call vascular surgeon and fax this form for URGENT REFERRALS (red flags signs/symptoms)**
- ☐ **FAX REFERRAL to nearest home care team** for initiation of treatment according to wound pathway protocols *(this may include home care nurse ordering wound swab in referring physician's / NP's name)*
- ☐ **FAX REFERRAL to BOTH home care team AND specialist office for all DIABETIC FOOT ULCERS.** Home care will initiate care; specialist assessment/consult takes place within three weeks.

PHYSICIAN/RN-NP NAME_____ **SIGNATURE**_____

PHONE NUMBER_____ **DATE**_____