Place Patient Form Label Here

VGH WOUND HEALING CLINIC REFERRAL

* 8 5 9 1 *

Referral Other

REFERRAL TO: ☐ FIRST AVAILABLE DOCTOR

☐ ALLERGIES (PLEASE LIST):

WOUND HEALING CLINIC
3th Floor, Station #5 - Diamond Centre
2775 Laurel Street Vancouver, BC V5Z 1M9
Telephone: 604-875-5255
Fax Requisition: 604-875-4476

PLEASE PRINT CLEARLY

BILLABLE TO: ☐ MSP ☐ ICBC ☐ WCB ☐ PATIENT ☐ OTHER	NAME / ADDRESS OF REFERRING PHYSICIAN AND MSP PRACTITIONER # (or office stamp)
PERSONAL HEALTH NUMBER: / DOB: YYYY/MM/DD	
SURNAME OF PATIENT, FIRST NAME AND MIDDLE INITIAL	
TELEPHONE# (INCLUDE AREA CODE): / ☐ MALE ☐ FEMALE PREGNANT ☐ YES ☐ NO	
ADDRESS CITY/TOWN POSTAL CODE	COPY RESULTS TO:

☐ TRANSLATION SERVICES REQUIRED: (PLEASE INDICATE LANGUAGE) _____
(24 HOURS ADVANCED NOTICE REQUIRED)

PERTINENT HISTORY

REASON FOR REFERRAL:
(NOTE: PATIENT MUST HAVE AN OPEN WOUND. IN-PATIENTS CAN NOT BE ACCOMMODATED IN THIS CLINIC)

☐ PRESSURE SORE AND LOCATION AND DURATION: _____

☐ VENOUS WOUND	☐ ARTERIAL WOUND	DIABETIC ☐ YES ☐ NO
☐ TRAUMATIC WOUND	☐ POST-SURGICAL FAILURE TO HEAL	☐ MRSA ☐ VRE ☐ OTHER _____
PATIENT IS AMBULATORY ☐ YES ☐ NO	PATIENT REQ'S WHEELCHAIR ☐ YES ☐ NO IF YES, IS PATIENT ABLE TO SELF TRANSFER*	☐ PARA / QUAD ☐ YES ☐ NO IF YES, IS PATIENT ABLE TO SELF TRANSFER*

***If patient is NOT ambulatory and they CANNOT self transfer, or they will not have anyone accompany them to help with transfers, our clinic is unable to accommodate them. Patients able to be treated without a transfer will be considered.**

BRIEF HISTORY AND FINDINGS:

Accompanying this referral, please provide a list of the patient's current medications, copies of any pertinent lab and imaging or other special test results, and the status (location / date) of any tests requests or bookings where the results are pending

PLEASE ATTACH ALL RECENT BLOOD/LABORATORY/PERTINENT RESULTS/CURRENT MEDICATIONS

PLEASE NOTE

☐ **ALL REFERRAL INFORMATION MUST BE COMPLETED IN FULL. INCOMPLETE REFERRALS WILL BE RETURNED TO BE COMPLETED.**

A FEE MAY CHARGED TO PATIENTS WHO FAIL TO PROVIDE AT LEAST 24 HOURS NOTICE OF CANCELLATION FOR A SCHEDULED APPOINTMENT OR TEST

OUR FACILITY IS A FRAGRANCE FREE ZONE