**Wound Care Service Referral form for INT Lower limb assessment support project**

This referral form is **only** for referring patients to the Wound Care Service for lower limb and Doppler assessments. This is part of the Wound Care Service Band 4 INT Lower Limb assessment support project.

**Please do not use this form for referral of complex wounds**.

You will be contacted with the date that the patient will be seen. Please detail who we should contact with the results of the assessment. The assessment and treatment plan will also be documented on EMIS.

|  |  |
| --- | --- |
| Patient name |  |
| NHS Number |  |
| DOB |  |
| Referrer’s name |  |
| Details of who to report back to following assessment  Email and mobile |  |
| INT you are referring from |  |
| INT contact number |  |

|  |  |
| --- | --- |
| Have you checked the patient’s EMIS records to see if a vascular assessment has been carried out within the past 12 months? |  |

|  |  |
| --- | --- |
| **Situation**  Please state the following:  Why is the doppler required?  Are there any current lower limb wounds?  Does the patient have oedema?  Is the patient willing to wear a compression product? |  |
| **Background**  How long has the patient been waiting for a Doppler assessment?  What is the current treatment regimen?  How often is the patient being visited?  Is the patient diabetic?  Have the patient’s leg wounds recently deteriorated? |  |