**TISSUE VIABILITY REFERRAL FORM – INTEGRATED SERVICES**

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| **THIS REFERRAL WILL NOT BE ACCEPTED UNLESS THE FOLLOWING HAS BEEN COMPLETED*** Check you are referring to the correct specialist service

 Do they require foot care (Podiatry), Leg Ulcers (Leg Ulcer Clinic/Vascular), Dermatology, Burns or Plastics * Use your tissue type guide and dressing formulary, which can be found on Intranet

 Can this be managed at Community level? * Follow the Wound Assessment Chart guidance, e.g. weekly assessment, 2 week dressing rule (**Best Practice**)
* Review by your Patch Leads, Deputy Patch Leads or your Tissue Viability Link Nurse
* Please ensure photography at time of referral
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Please note, **ALL** sections **MUST** be completed, otherwise this may result in a delay in patient review.

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| **Referrer Details** | **Patient Details**  |
| NameTeam and Location | Date | NameAddressNHS NoDOBGP SurgeryHIRS Incident number (if applicable) |
| Telephone |
| Team email |

**CLINICAL DETAILS**

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| **Wound aetiology –** | **Reason for referral** |
| **Wound anatomical location-** |
| **Wound assessment** Dimensions (state cm/mm):Tissue type (using the whole wound as 100%):Infection/Inflammation (Please refer to infection ladder):Moisture balance (exudate levels/ colour)Edges (rolled/irregular):Surrounding Skin (excoriation/maceration): |
| **Duration of Wound** | **Current Treatment plan/duration** |
| **Photography taken Yes No****If no, please state why?** | **Allergies or sensitivities** |
| **Relevant medical History**  | **Current equipment** |
| **Relevant medication** | **Safeguarding issues Yes No** |
| **Known/referred to any other services** i.e.) vascular, podiatry, dermatology, Macmillan, plastics  | **If you consider this to be a priority, please indicate the reason why.** |

**Please email the completed form** mft.communitytvn@nhs.net