**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 |

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** |
| Name  Team and Location | Date | Name  Address  NHS No  DOB  GP Surgery  HIRS 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](mailto:mft.communitytvn@nhs.net)