

TISSUE VIABILITY REFERRAL FORM – INTEGRATED SERVICES

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.

Referrer Details		Patient Details
Name	Date	Name Address NHS No DOB GP Surgery
Team and Location	Telephone	
Team email		

CLINICAL DETAILS

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