

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
Can this be managed at Community level?
- Follow the Wound Assessment Chart guidance, e.g., weekly assessment, two 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
Team and Location	Telephone	Address
		NHS No
		DOB
		GP Surgery
Team email		HIRS Incident number (if applicable)

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.uk