Wound Care New Patient Referral Form

ChristianaCare™

Wound Care & Hyperbaric Medicine Center
700 Lea Boulevard, Suite 300
Wilmington, DE 19802
302-320-4050 Phone
302-762-3705 Fax
ChristianaCare.org/woundcenter

Patient Information

Patient Name: _____ DOB ___/___/_____ Age _____ Sex _____

Patient Phone: _____ City_____ State _____ Zip _____

Primary Insurance: _____ Policy # _____

Secondary Insurance: _____ Policy # _____

Is patient diabetic?____ Does patient have a pacemaker?____ Does patient have home health? ___

Is patient ambulatory? ____ Does patient use a wheelchair or walker? ____

Indications for Wound Care

- ☐ Ischemic ulcer
- ☐ Pressure ulcer
- ☐ Diabetic ulcer
- ☐ Venous ulcer
- ☐ Non-healing surgical wound
- ☐ Traumatic wound
- ☐ Wound flap
- ☐ Other (_____)

Indications for HBO

- ☐ Acute senory hearing loss
- ☐ Chronic refractory osteomyelitis
- ☐ Osteoradionecrosis
- ☐ Soft tissue radionecrosis
- ☐ Acute retinal artery occlusion
- ☐ Diabetic ulcer of the lower extremity
- ☐ Compromised skin graft

Diagnosis: _____

Wound Location: _____

Comments: _____

_____

_____

Please send with patient or fax a list of medications, recent labs and x-ray, H&P and progress notes.

Referring Physician Name _____ Phone _____

Referring Physician Signature _____ NPI _____