

NHS Number	
Patient Name	

TISSUE VIABILITY REFERRAL FORM

PLEASE ATTACH A **MEDICAL SUMMARY** AND **PHOTOGRAPHS** AS APPROPRIATE TO THIS REFERRAL

INSTRUCTIONS: ALL referrals require completion of page 1 followed by the section/s relevant to your referral.

- Wound referrals** complete section 1
- Pressure related problems** complete section 2 (AND section 1 if pressure ulcer present)
- Chronic oedema** complete section 3 (AND section 1 if a wound present)
- Skin Problems** complete section 4

DATE OF REFERRAL		GP	
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Referrer's details OR the person to contact to discuss referral

Name	
Contact number – preferably a mobile	
Email address	
Role	
Base	

Reason for referral:

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SECTION ONE - WOUND

PLEASE ATTACH A **MEDICAL SUMMARY** AND **PHOTOGRAPH** OF THE WOUND TO THIS REFERRAL

WOUND TYPE (eg leg ulcer, trauma, pressure ulcer):

For a wound on a leg please attach the following:

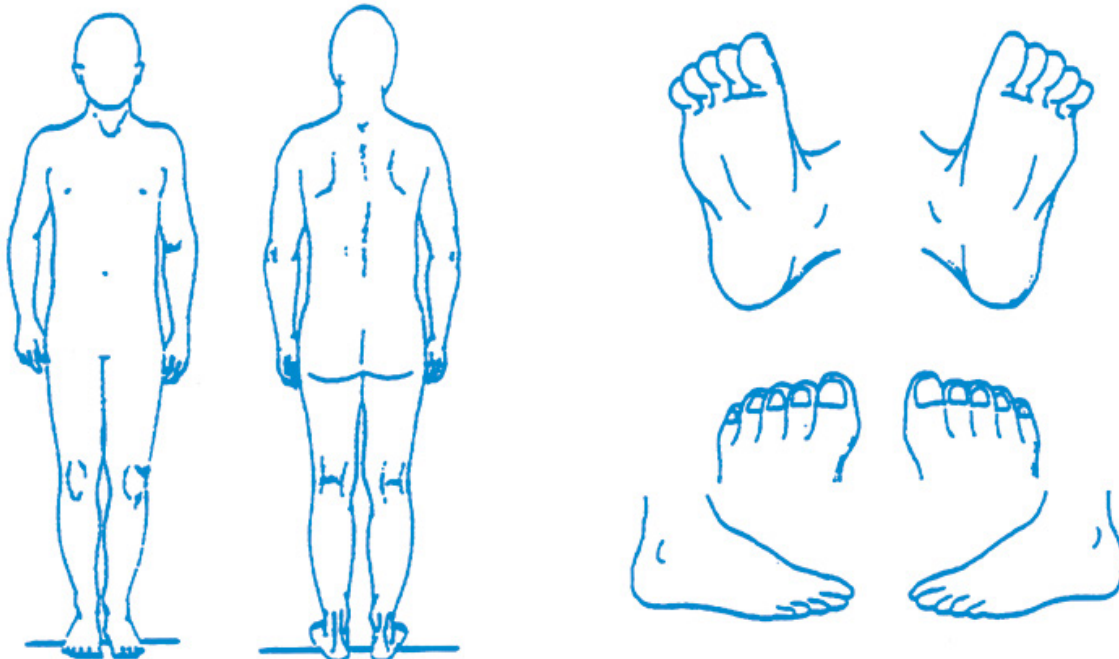
- Less than 4 weeks old [Lower limb assessment form](#) and [Doppler assessment recording form](#).
- Leg ulcer (wound between knee and ankle) [Leg Ulcer Assessment Form](#)

If a venous leg ulcer is the patient on the VLU Pathway? **Y** **N** Standard Complex

If a mixed aetiology leg ulcer is the patient on the mixed aetiology pathway? **Y** **N**

Anatomical Location

Please mark the position on the body map below – **right click over the site, select 'add sticky note' then write comments in the box.** You can click and drag the bubble to move it.



Wound duration

Wound size in cm sq/depth

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<p>TISSUE – describe the wound bed (% necrotic, slough, granulation, epithelialisation):</p>	<p>Current management:</p>
<p>INFECTION – Are there signs of infection? (refer to the AMBL TOOL) Please describe:</p>	<p>Current management:</p>
<p>MOISTURE – Exudate levels:</p> <p>Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/></p> <p>Colour</p>	<p>Current management:</p>
<p>EDGE- Is the peri-wound skin:</p> <p>Excoriated <input type="checkbox"/> Macerated <input type="checkbox"/></p> <p>Erythematous <input type="checkbox"/> Eczematous <input type="checkbox"/></p>	<p>Current management:</p>

<p>PAIN</p> <p>Type: Nociceptive <input type="checkbox"/> Neuropathic <input type="checkbox"/></p> <p>Scale: 0 1 2 3 4 5</p>	<p>Current management:</p>
<p>NUTRITION</p> <p>Weight: MUST score:</p>	<p>Current management:</p>

<p>What is the patient's attitude/behaviour towards their current treatment/management?</p>

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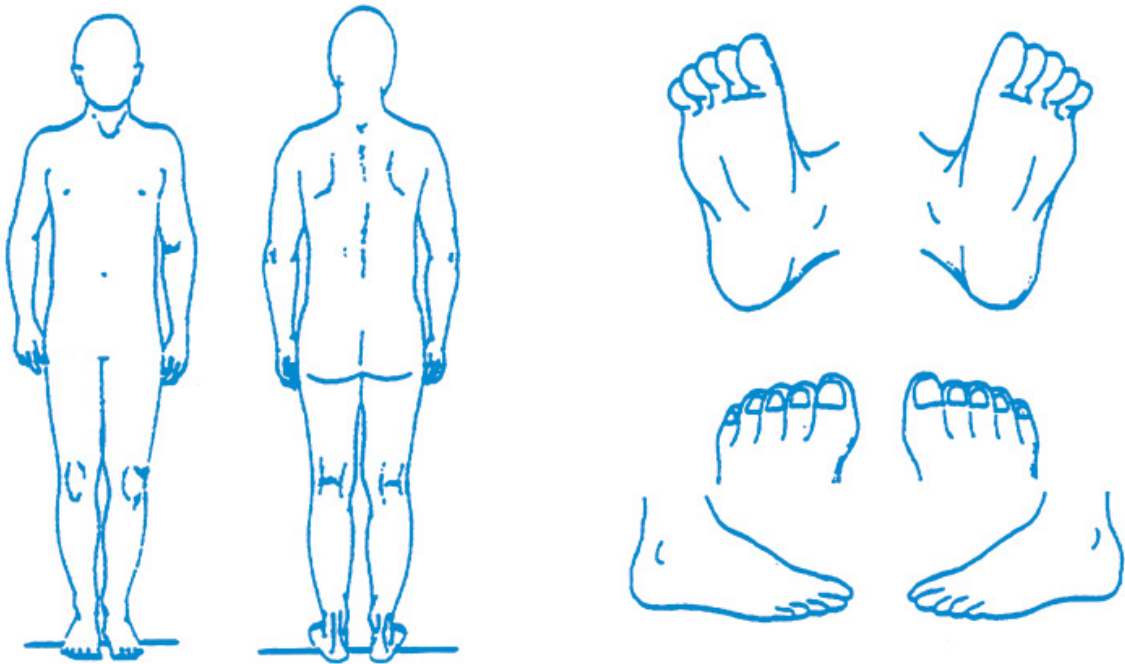
SECTION 2 – PRESSURE RELATED PROBLEMS

Is there currently pressure damage? Cat 1 Cat 2 Cat 3 cat 4

Has there been previous pressure damage? Cat 1 Cat 2 Cat 3 cat 4

Please mark the position on the body map below – **right click over the site, select 'add sticky note' then write comments in the box.** You can click and drag the bubble to move it. Please mark:

- Areas of current pressure damage with a **C**
- Areas of previous pressure damage with a **P**
- Areas at risk of pressure damage with an **R**



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Pressure Ulcer Risk assessment:

Braden score: Other (Name and score):

SURFACE: What is the patient currently:	Sitting on? (bed/chair/riser recliner/sofa etc)	Cushion:
	Sleeping on? (bed/chair/riser recliner/sofa etc)	Mattress:
SKIN ASSESSMENT	Please include a copy of the Skin Inspection Form :	
KEEP MOVING	What is the current repositioning regimen?	
INCONTINENCE/MOISTURE	What are current issues and management?	
NUTRITION	Weight: <input type="text"/>	MUST score: <input type="text"/>
	Current Management? <input type="text"/>	

Please list posture or positioning problems:

Referrals	Dates
OxPUPIS	
OT	
Physio	
Wheelchair service	
Other:	

What is the patient's attitude/behaviour towards their current treatment/management?

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SECTION 3 – CHRONIC OEDEMA

PLEASE ATTACH A MEDICAL SUMMARY, PHOTOGRAPH, A COPY OF THE [Lower limb assessment form](#) AND [Doppler assessment recording form](#).

Using the [Chross Checker tool](#) please list the signs and symptoms of chronic oedema/venous disease for the patient:

Limb measurements:

Ankle Calf Thigh

OEDEMA	
Is the oedema: Pitting? <input type="checkbox"/>	Firm/fibrotic? <input type="checkbox"/>
SKIN CONDITION please describe:	Current management:
PAIN Type: Nociceptive <input type="checkbox"/> Neuropathic <input type="checkbox"/> Scale: 0 1 2 3 4 5	Current management:

Is the patient sleeping in bed at night? YES NO

Are they elevating their legs in the day? YES NO

Comments:

What is the patient's attitude/behaviour towards their current treatment/management?

What previous management or involvement with other services has there been? (eg hosiery, Leg ulcer clinic, Lymphoedema clinic):

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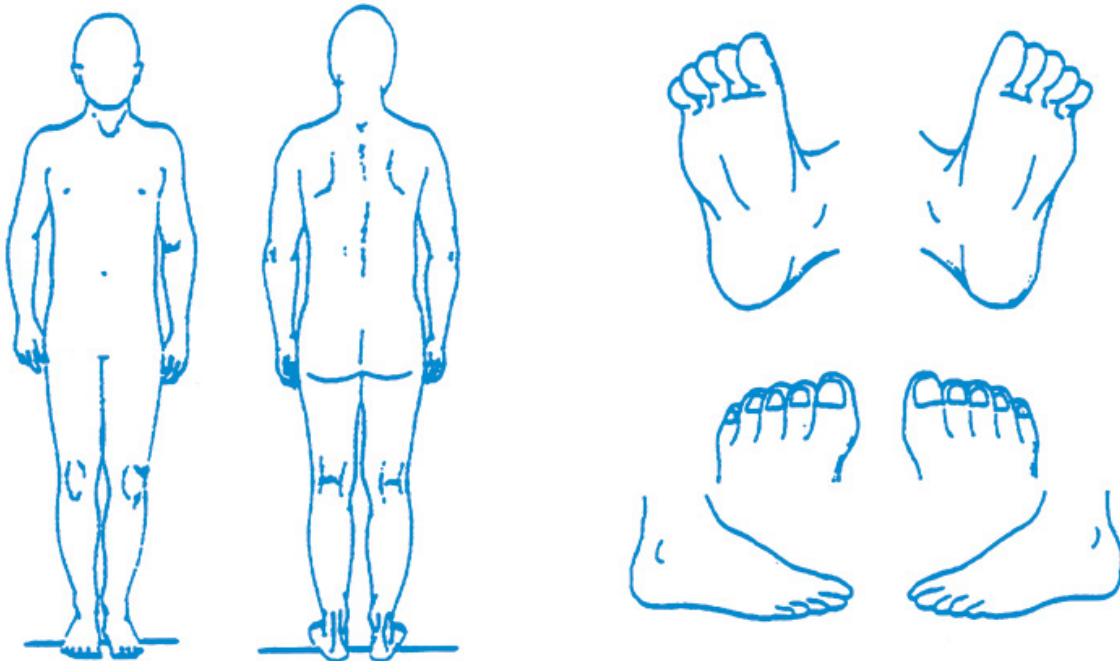
SECTION 4 – SKIN PROBLEMS

PLEASE ATTACH A MEDICAL SUMMARY AND PHOTOGRAPH TO THIS REFERRAL

Duration of the condition _____

Please describe the skin condition:	Current management:
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Please mark the position on the body map below – **right click over the site, select 'add sticky note' then write comments in the box.** You can click and drag the bubble to move it.



<p>What is the patient's attitude/behaviour towards their current treatment/management?</p>
