



Lower Leg Assessment Clinic Referral Form

Date: dd/mm/yyyy



Referred by: _____

Patient Medical History:

<input type="checkbox"/> Type 1 Diabetes	<input type="checkbox"/> Tobacco Use	<input type="checkbox"/> Previous lower leg wounds
<input type="checkbox"/> Type 2 Diabetes	<input type="checkbox"/> High Cholesterol	<input type="checkbox"/> CAD
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Cardiovascular Disease	<input type="checkbox"/> Recent Surgeries
<input type="checkbox"/> Taking any of the following: NSAIDs, steroids, cytotoxics or anticoagulation therapy	<input type="checkbox"/> Cancer	<input type="checkbox"/> Currently wearing stockings
	<input type="checkbox"/> Chronic Venous Insufficiency	<input type="checkbox"/> Obesity

Patient Information:

Reason for Referral:

Vascular/ABI Assessment Pressure Area/Redness Lower Leg Edema Wound

Stage 1 ulcers– persistent redness/pressure area with intact skin and/or erythema, bogginess, pain.
Stage 2 ulcers- partial thickness loss of skin involving epidermis and/or dermis. Abrasion, blister or shallow crater.
Stage 3 ulcers- full thickness tissue loss up to fascia. Deep crater with or without undermining.
Stage 4 ulcer – full thickness tissue loss with extensive destruction, necrosis or damage down to muscle/bone. Sinus tracts and undermining may be present.
Note: Stage 4 ulcers will not be accepted, and will need to be referred to a specialty wound clinic for further assessment.

Please check if has been completed:

- Lab work:** (if not done in the last 6mths) CBC and diff, Cr, GFR, FBG, A1C- (if diabetic).
- Medical imaging (if any) and pathology reports if applicable.
- For wounds: **swab for MRSA and C and S** prior to referral. Please note those patients who are MRSA positive will **NOT** be accepted at the clinic.

Additional Information/Treatment History: (ie. Sees a podiatrist, previously seen at a wound clinic, etc)

Current Medications (please attach list if necessary):

Please note that this is an outpatient clinic and we are unable to accommodate acute care inpatients from any facility. If your patient requires any assistance with self-care, he/she must have someone accompany him/her to the clinic appointment. Please also note, patients must be able to transfer independently to a stretcher, and must be able to lie flat for 30-45 minutes for the Vascular/ABI Assessment. Fax referral to 780-481-9149