**Leg ulcer Referral Proforma**

***Inclusion:*** *non-healing wound(s) on the lower leg present for two weeks or more*

***Exclusion:*** *foot ulcers, malignancy, dermatological problems, lymphoedema (refer to lymphoedema service at Moseley Hall)*

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| **Patient Demographics** | | | |
| **Date of Referral:** | Click to enter a date. | | |
| **Patient’s Name** | Click here to enter text. | **Patient’s address** | Click here to enter text. |
| **DoB** | Click to enter a date. | **NHS No.** | Click here to enter number. |
| **Primary telephone NO.:** | Click here to enter number. | **Gender:** | Click here to enter text. |
| **Preferred Language** |  | **Interpreter required** |  |
| **Click here to confirm that the patient has consented to this referral** | | | |

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| **GP/Referral Details** | | | |
| **Clinical urgency** | **Choose an item.** | **Registered GP:** | **Click here to enter text.** |
| **Referred by:** |  | **Job Title:** |  |
| **Referrer’s address /Post code** |  | **Referrer’s email** |  |

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| ***Ulcer*** | ***Right leg*** | | ***Left leg*** |
| **Non-healing wound?** | | Choose an item. | Choose an item. |
| **Duration of wound?** | | Click to enter text. | Click to enter text. |
| **Size of Ulcer** | | Click to enter text. | Click to enter text. |
| **Compression therapy** | | Choose an item. | Choose an item. |
| **ABPI** | | Click to enter text. | Click to enter text. |

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| **Risk factors** | | | |
| **Previous DVT?** | Choose an item. |  |
| **Previous venous intervention?** | Choose an item. |
| **History of peripheral arterial investigation / intervention** | Choose an item. |
| **History of dementia?** | Choose an item. |
| **Mobility status** | Choose an item. |
| **Clinical frailty score** | Choose an item. |
| **Details:** |  |
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| ***Please attach picture*** |
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