**Please complete all sections fully. Any omissions may delay appointment allocation.**

WE WILL ACCEPT REFERRALS FOR PATIENTS WITH WOUNDS

**\*\*\*Please do not duplicate referrals between TV and Lymphoedema \*\*\***

**Is the patient aware of the referral Yes  No**

|  |  |
| --- | --- |
| **PLEASE INDICATE THE PREFERRED LOCATION OF ASSESSMENT** |  |
| North Birmingham: Perry Tree Centre, Dovedale Road, Kingstanding B23 5BX |  |
| South Birmingham: Moseley Hall Hospital, Alcester Rd, Moseley, B13 8JL |  |
| East Birmingham: Ann Marie Howes Centre, 20 Platt Brook Way, Sheldon Heath Rd, Sheldon B26 2DS |  |
| Glebefields Health Centre, St Marks Road, Tipton, DY4 0SN |  |
| Nursing/Care Home |  |
| Home Visit *(only offered to the housebound or patients with access problems)* |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Patient details:** | | | **Referral:** | |
| Surname | Click to enter text. | | Date of referral | Click to enter a date. |
| Forename(s) | Click to enter text. | | Referrer’s name | Click to enter text. |
| Date of Birth | Click to enter text. | | Job title | Click to enter text. |
| NHS no. | Click to enter text. | | Referrer’s tel. no | Click to enter text. |
| Address | Click to enter text. | | Referrer’s address | Click to enter text. |
| Postcode | Click to enter text. | | Referrer’s email | Click to enter text. |
| Tel. no. | Click to enter text. | | GP name | Click to enter text. |
| Preferred Language | Click to enter text. | Interpreter required  Yes  No | Surgery | Click to enter text. |
| Communication barriers | Choose an item. | Support required  Yes  No | GP phone no. | Click to enter text. |
| If yes please specify: | | | Ethnicity | Click to enter text. |

|  |  |  |
| --- | --- | --- |
| **Palliative (Proactive Identification Guidance** **– GSF)** | **Frailty Indicators** | |
| Diagnosis stable, YEAR plus prognosis | Falls | Multiple co-morbidities (4+) |
| Unstable/Advanced disease, MONTHS prognosis | Immobility | Over 85 |
| Deteriorating, WEEKS prognosis | Delirium/Dementia | **FRAILTY SCORE** |
| Final DAYS of life | Incontinence |  |
|  | Effects of medication |

|  |
| --- |
| Risk Alerts (C.Diff / Covid-19 / MRSA Manual Handling Concerns, Safeguarding issues): |
|  |
| Allergies (Medication / Skin sensitivities / Latex allergies): |
|  |
| Hazards (Access problems / Key codes / Dangerous pet / Family Concerns / other): |
|  |
| **Relevant Past Medical History** |
|  |

|  |  |
| --- | --- |
| Mobility status | Click to enter text. |
| BMI | Click to enter text. |
| Photographs taken? | Choose an item. |
| Previously seen by vascular? | Choose an item. |
| If previously seen, where? | Choose an item. |
| Other services involved – Please state | Click to enter text. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Reason for Referral** | **Leg & Oedema details** | | | |
| Chronic ulceration  Chronic oedema  Non-healing ulceration  Repeated cellulitis  Complex leg  Skin issues/changes  Misshapen Leg  Other – detail below  **Pain**  Shooting  Heavy  Tight  Stabbing  Aching  Throbbing | Site(s)of Swelling: | Choose an item. | Lymphorrhoea (wet legs) | Choose an item. |
| Duration | Choose an item. | Severity of oedema | Choose an item. |
| Cellulitis history | Choose an item. | Skin Condition | Choose an item. |
| ABPI if recorded | Right: | Left: |  |
| **Additional information** | | | |
|  | | | |