**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** |
|  |