**Tissue Viability Specialist Referral Form**

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| Contact Details for the services |
| Email | Hampshiretvteam@southernhealth.nhs.uk |
| Address | Room 115 Eastleigh Health Centre, Newtown Rd, Eastleigh, SO50 9AG |
| Telephone | 0300 373 0211 |
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| Patient’s details | Patient’s background and culture |
| Name | Full Name  | Ethnicity | Ethnic Origin       |
|  |  | 1st language | Main Language       |
| DOB | Date of Birth  | Age | Age  | Interpreter required? Interpreter required       |
| Sex | Gender(full) | Military Veteran?       |
| Address & postcode | Home Full Address (stacked)  | Referrer details |
|  |  | Referring Clinician  |       |
|  |  | Address | Organisation Name Organisation Full Address (stacked)  |
| NHS No | NHS Number  |  Tel no | Organisation Telephone Number  |
| Hospital No | Hospital Number       |  Email | Organisation E-mail Address       |
| Home tel  | Patient Home Telephone  | Referral date | Short date letter merged  |
| Work tel | Patient Work Telephone  | Date received |  |
| Mobile tel | Patient Mobile Telephone  |  |  |
| Email | Patient E-mail Address       |  |  |
| Preferred contact method | Home | **[ ]**  | Work  | **[ ]**  | Mobile | **[ ]**  | E-mail | **[ ]**  |

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| **Social Information** |
| Social Context | Transport Issues **[ ]**  | Has a Carer **[ ]**  | Is a Carer **[ ]**  | Lives Alone **[ ]**  |
| Next of Kin |       |
| Relationship to Patient |  | Telephone No |       |

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| **Reason for referral**\*The TVNS team will triage all referrals and make contact with the referrer**Reason for referral:** (please tick all relevant) |
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| **[ ]**  | Category 4 pressure ulcers (except intact black necrotic heels) | **[ ]**  | Lifestyle/co-morbidities affecting healing (state what) |
| **[ ]**  | Fungating wounds | **[ ]**  | Pain |
| **[ ]**  | Rapidly deteriorating wound | **[ ]**  | Sensitivities to dressings |
| **[ ]**  | Bone/tendon exposed | **[ ]**  | Unresolved infection/critical colonisation |
| **[ ]**  | Wound larger than 10x10cm | **[ ]**  | Complexity of wound/s |
| **[ ]**  | Not responding to current/past treatment regimes | **[ ]**  | Skin problems i.e., extensive maceration/ excoriation |
| **[ ]**  | Other: (please give brief details) |  |
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| **Are they known to other health professionals?** If so, please list: |
| **Significant Clinical/Medical History: (e.g., Chronic diseases, significant illnesses and operations)**

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| **General -** (please circle as appropriate) | **Give brief details:** |
| Cardiovascular Disease | YES / NO | Diabetes (type) |  |
| Mobility | Bed-bound / Chair-bound / Mobile with Assistance /Mobile | Rheumatic/ auto-immune conditions |  |
| Wheelchair User | YES / NO |
| MRSA if knownDate of last screen | Negative / Positive | Current BMI |  |
| dd/mm/yyyy | Continence Management |  |
| Anaemia | YES / NO | MUST Nutrition ScoreDate last calculated |  |
| dd/mm/yyyy |
| Known allergies? (Including dressings) |  |
| Other Chronic Diseases? |  |

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| **LIST: Current Dressings / Bandage / Treatments** (including creams, ointments, dressing, bandages etc.) |  |
| **WOUND TYPE: COMPLETE ONE SECTION ONLY** |
| **Wound/Pressure Ulcer** | **Leg Ulcer** |
| **Sites**:**Duration** (in weeks):**Size** (in cms):Wound History**Pressure Ulcer Category:****Date categorised:**  dd/mm/yyyy**Pressure Ulcer Risk Category Score:****Please circle one:** High / Medium / Low**What Scale was used?** Braden / Waterlow**Date:**  dd/mm/yyyy**Equipment in situ?** Please list any pressure relieving equipment being used: | **Leg Ulcer / Limb problem**: Left / Right / Bilateral**Sites**:**Duration** (in weeks):**Size** (in cms):Ulcer History**Lower Limb Arterial Status**: Doppler**Date last Doppler completed**: dd/mm/yyyyIf not undertaken, what are the reasons?By: Designation:

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| **Systolic** | **Left****ABPI** | **Right****ABPI** | **Arterial Sounds** (must be recorded) |
|  | **Left** | **Right** |
| Brachial |  |  | Triphasic |  |  |
| Doralis Pedis |  |  | Biphasic |  |  |
| Posterial Tibial |  |  | Monophasic |  |  |
| ABPI |  |  | Uncertain/ Unobtainable |  |  |

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| **WOUND PHOTOS ARE ESSENTIAL FOR REFERRALS.****PLEASE ALSO ATTACH ANY OTHER SUPPORTING INFOMATION.** |
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| **PLEASE E-MAIL COMPLETED REFERRAL TO:** **hampshiretvteam@southernhealth.nhs.uk** |