Bendigo Wound Management Referral form
110 Queen Street Bendigo
Ph: 5441 1145 *Fax: 5441 1158*

NB This form cannot be completed online. Please print and fax/email/post

Name of referrer:		Address:	
Phone contact:		Fax number:	
Email:			
GP (If not referral source)		District Nursing ☐ Region:_____	
Medical specialist (if applicable)		Specialist wound clinic ☐ Region:_____ Allied Health ☐ Discipline:_____ (Name of allied health:)	
Name of client/patient		Address	
Phone contact:		Mobile:	
Reason for referral (please provide brief outline of presenting issue)			
Differential diagnosis/wound aetiology			
Medical history			
Medication including OTC			
Surgical history			
Allergies	Social, psychosocial and occupational and family history including habits		
Functional state:			
Previous diagnostic investigations: If Radiology/Pathology, please indicate facility used:			
Bloods ☐	Wound Swab ☐	Biopsy ☐	Other ☐
X ray ☐	Duplex scanning ☐	Ultrasound ☐	MRI ☐
CT ☐	Sinugram ☐	ABPI ☐	Other ☐

Client goals			
Wound healing ☐	Pain management ☐	Oedema management ☐	Functional gain ☐
Psychosocial ☐	Other ☐		
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Wound location	Number of wounds	Initial cause of wound	Wound duration
Past wound management			
Current wound management			
Past and current oedema management (If applicable)			
Other relevant information *(eg If pressure injury, what equipment is currently in place for pressure deflection)*			
Wound management attended by:			
GP ☐	Practice Nurse ☐	District Nursing ☐	
Client ☐	Family/carer ☐	Other ☐	

Please complete and FAX to Andrea Minnis on:
5441 1158
OR email: andreaminnis@bigpond.com
Please phone **5441 1145** OR **0414 758 029** if you require further information or assistance to complete this referral