



# ADVANCED WOUND CARE

## Advanced Wound Care

5439 Durand Avenue, Ste 102

Mount Pleasant, WI 53406

Phone: (262) 898-9000

Fax: (262) 228-6225

Date \_\_\_\_\_

### PATIENT DETAILS:

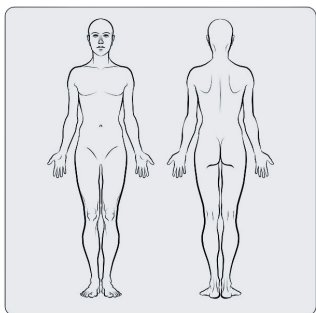
Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Insurance Provider \_\_\_\_\_ POA Status \_\_\_\_\_

Home Health Provider & Current Frequency (if applicable) \_\_\_\_\_

#### WOUND LOCATION



Please mark area associated with wound(s) location

Approximate date of onset of wound(s): \_\_\_\_\_

#### REASON FOR REFERRAL:

- New wound
- Second opinion
- Needs debridement
- Difficulty transporting to clinic,
- Other: \_\_\_\_\_

Current wound care team/hospital system for previous records: \_\_\_\_\_

#### PRIOR TREATMENT/MANAGEMENT:

- Ankle-Brachial Index/Vascular Studies
- Negative Pressure Wound Therapy/ VAC
- Compression
- Debridement
- Dressing Type
- Offloading device
- Hyperbaric Oxygen
- Wound Biopsy
- Antibiotics
- Culture and Sensitivity

### REFERRING CONTACT INFORMATION

Contact Name: \_\_\_\_\_ Company: \_\_\_\_\_

Contact Phone: \_\_\_\_\_



## ADVANCED WOUND CARE

Please fax completed form to (262) 228-6225

Please attach a face sheet with any insurance information and any clinical notes, if applicable.