FIRST COAST CARDIOVASCULAR INSTITUTE

WOUND CARE REFERRAL

T: 904.493.3333
F: 904.493.2222
www.firstcoastcardio.com

ORDERING PHYSICIAN _____

PHONE NUMBER: _____

PATIENT:_____ INSURANCE/POLICY #:_____

ADDRESS:_____CITY/STATE:_____ZIP: _____

PATIENT PHONE NUMBER:_____DOB:_____SS#:_____

WOUND LOCATION(S):

APPROXIMATE DATE of ONSET of WOUND(S):_____
PRIOR TREATMENT/MANAGEMENT:

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

UNDERLYING ISSUES

- Diabetes
- Trauma
- Lymphedema
- Chronic Venous Insufficiency
- Peripheral Arterial Disease
- Prior Amputation_____
- Other_____

AMBULATORY Y N
SMOKER Y N
LIVES INDEPENDENTLY Y N
TYPE OF WORK (if employed) _____

PHYSICIAN: DAVID SWAIN, DPM, CWS-P

□ **STAT (see today)** □ **URGENT (see in 48hrs)** □ **ROUTINE**

PHYSICIANS SIGNATURE _____