



Wound Care Referral Form

Today's Date: _____

Referring Physician: _____ Office Name: _____

Referring Physician Phone#: _____ Fax #: _____

Diagnosis: _____

Provider Preference (please circle):

- ☐ Dr. David Swain (NPI 1528228913)
- ☐ Dr. Steven Bateh (NPI: 1487131108)
- ☐ Donna Geiger, NP (NPI: 1356853378)
- ☐ First Available

- ☐ **ROUTINE**
 - ☐ **STAT (TODAY)**
 - ☐ **URGENT (WITHIN 48 HRS)**

Patient Information:

Name: _____ DOB: _____ Sex: Male or Female

Address: _____ City: _____ Zip Code: _____

Home Phone #: _____ Cell #: _____

Insurance Information:

Primary: _____ ID #: _____ Group #: _____

Secondary: _____ ID #: _____ Group #: _____

PCP: _____

Does the patient's insurance require a referral from their PCP?

- ☐ Yes- Please provide a referral for services requested
- ☐ No

Wound Information:

Approximate Date of Onset of Wound(s): _____

Prior treatment/Management (Please circle):

- | | | |
|---|---|--|
| <ul style="list-style-type: none">• Ankle-Brachial Index/Vascular Studies• Compression• Debridement | <ul style="list-style-type: none">• Dressing Type• Offloading device• Negative Pressure Wound Therapy/VAC | <ul style="list-style-type: none">• Hyperbaric Oxygen• Wound Biopsy• Culture and Sensitivity• Antibiotics |
|---|---|--|



**FIRST COAST
CARDIOVASCULAR
INSTITUTE**

7011 AC Skinner Parkway, Suite 160
Jacksonville, FL 32256
Phone: 904.493.3333 Fax: 904.309.8051

Underlying Issues (Please Circle):

- Diabetes
- Trauma
- Lymphedema
- Chronic Venous Insufficiency
- Peripheral Arterial Disease
- Prior Amputation
- Other _____

Is the patient:

Ambulatory?	Yes or No
Smoker?	Yes or No
Lives Independently?	Yes or No
Type of Work? (if employed)	

PLEASE FAX REFERRALS TO 904.309.8051

***If you need to reach the referrals team, please call 904.493.3333 Ext: 2010 or 2015.**

**If you are having trouble reaching someone and need immediate assistance,
please reach out to Amy Williams @ 423-650-7845 or Shelly Cataleta @
904.518.0532 ☺**