

# Enloe Wound/Ostomy & Hyperbaric Center

1026 Mangrove Ave., Suite 10, Chico, CA 95926

Phone: (530) 332-7144 • Fax: (530) 893-6950



## PATIENT REFERRAL FORM

Referring Department: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

**PLEASE FAX THE FOLLOWING:**  Referral form  Face Sheet  Orders  H&P/Progress note  Med List

Referring Provider: \_\_\_\_\_

Purpose of Referral: \_\_\_\_\_

Duration of Wound/Problem: \_\_\_\_\_

How soon is first visit needed?  Today, if possible  Next 1-3 days  Next 4-5 days

*Please call the wound center to arrange an appointment or provide patient's contact information and the wound center will notify the patient.*

### SCREENING:

Is patient a post-op surgical patient?  Yes  No

If Yes, is the surgeon aware of this referral?  Yes  No

*It is customary to notify the surgeon and avoid a referral that is within the 90 day surgical global period.*

If Yes, reason patient is not being seen by surgeon: \_\_\_\_\_

Is the patient being treated for infection?  Yes  No

Is the patient classified as MRSA/VRE?  Yes  No

### REQUESTS, SPECIAL NEEDS OR REQUIREMENTS:

Referral is to the wound center physician for evaluation and treatment.

Referral is to the wound center for dressing changes by the wound nurse. **Specific and detailed wound care orders are required. Copy of written order must be faxed with this form.** Please note that the wound center is a comprehensive treatment center. The physician on duty is providing over site for the wound nurse and may be required to assist if a problem is identified. For this reason wound nurse referrals for dressing changes only- are made on a case by case basis. This type of referral must be arranged through the wound center charge nurse at 332-7465.

Other: \_\_\_\_\_

### Signature/Title of person completing this form

IF YOU RECEIVE THIS FAX IN ERROR – Please notify the sender immediately by telephone (number listed above) or Enloe Medical Center's Privacy Officer at (530) 332-6759. They will instruct you on properly destroying or returning the faxed materials as may be appropriate and necessary to protect patient privacy rights under federal and state law and to arrange the return or destruction of the information and all copies. California law requires healthcare institutions to report such breaches to the Patient and to the State within five (5) days of detecting the breach.

CONFIDENTIALITY NOTICE – The information contained in this facsimile message is privileged and confidential information intended for the use of the individual or entity named above. Health Care Information is personal and sensitive and should only be read by authorized individuals. Failure to maintain confidentiality is subject to penalties under state and federal law.

Patient Information