

- For patients who are not currently being followed by a specialist for wound management
- For patients with wounds that are not improving over a two week period
- For patients with wounds that have deteriorated or have wound concerns
- All fields must be completed. Please PRINT clearly
- Referrals will be reviewed and triaged based on urgency level and scoring

Please Fax Form to:
Brampton Civic - 905-494-6620
Etobicoke General - 416-747-3399
Peel Memorial - 905-863-2518

DATE FORM COMPLETED

(DD-MM-YYYY)

REFERRAL FORM COMPLETED BY

Physician Name CPSO #
Organization / Office Physician Phone

PATIENT DEMOGRAPHICS

HealthCard (with Version Code) Gender Male Female Other
Last Name First Name Middle Initial
Date of Birth (DD-MM-YYYY) Address
Patient Phone City Prov Postal

URGENCY

Urgent (within 3 days) Semi-Urgent (within 7 days) Routine (greater than 7 days)

PREFERRED SITE

First Available Brampton Civic Etobicoke General Peel Memorial Centre

SPECIAL CONSIDERATIONS

Mobility English Second Language Interpretive Services Other

WOUND TYPE (select at least one)

Diabetic Vascular - Venous Surgical Other
Vascular - Arterial Pressure Injury Trauma

WOUND SITE and LOCATION (select at least one)

Site - Right Location - Heel Location - Arm Other
Site - Left Location - Foot Location - Digit/Metatarsal
Site - Bilateral Location - Midfoot 1 2 3 4 5
Location - Lower Leg Location - Plantar Location - Sacrum

WOUND GRADE and INFECTION GRADE and ISCHEMIA GRADE (Select at least one for each category)

Wound Grade

0 (No ulcer/no gangrene) 2 (Deep ulcer with bone, joint, tendon/gangrene limited to toes)
1 (small, shallow ulcer/no gangrene) 3 (Extensive, deep ulcer, forefoot, midfoot, heel, extensive gangrene)

Infection Grade

0 (None) 1 (Mild) 2 (Moderate) 3 (Severe)

Ischemia Grade (ABI - Ankle-Brachial Index)

0 (ABI greater than 0.79 or Palpable Pulses) 2 (ABI 0.4 - 0.59) Unknown
1 (ABI 0.6 - 0.79) 3 (ABI less than 0.4) N/A

ESTIMATED DATE WOUND DEVELOPED

(DD-MM-YYYY)

DATE OF FIRST HOME CARE CLINIC VISIT

(DD-MM-YYYY)

ADDITIONAL INFORMATION

(Prior investigations/treatments completed? (e.g., X-Ray, MRI, CT, U/S, Swabs, Dressings etc.)

