

Skin and Wound Care Consultancy

Referral Form

Referrer Details			
Name		Role / Title	
Company / Facility			
Address			
Phone		Email	
Care Manager Name		Phone	
Email			
Billing Email			

GP Details			
GP Name		GP Phone	
GP Address			
GP Email			

Client Details			
Full Name		DOB	
Gender		Phone	
Medicare Number			
NDIS / iCare Number			
Address			
Wing & Bed Number			
Primary Contact / Representative / NOK Name			
Phone		Email	

Clinical Summary	
Primary Diagnosis / Comorbidities	

Wound Type(s)			
Pressure Injury		Diabetic Foot Ulcer	
Leg Ulcer		IAD	
Surgical Wound		Malignant / Fungating Wound	
Stoma		Lymphoedema / Chronic Oedema	
Burn		Skin Tear	
Wound Location(s)			
Wound Duration			
Current Dressing Regimen			

Wound Concerns			
Deterioration		Suspected Infection	
Excessive Exudate		Malodour	
Pain		Non-healing > 4 weeks	
Suspected Skin Failure		Other	
If other please describe:			

Service(s) Requested (Please Tick)	
Comprehensive Wound Assessment & Management Plan	
Debridement / Conservative sharp wound debridement	
Education and training for support workers	
Coordination with treating team and GP	
Ongoing wound review and monitoring	
Telehealth wound consultation	
Pressure injury prevention recommendations	

Please attach the following if available:

Wound Images	
Medicare List	
Current Care Plan / Dressing Chart / Health Summary	
GP / Specialist Notes	
Pathology / Imaging Results	
NDIS / iCare Funding Approvals & Contact Details	

Email Submission Details

Please email completed form and supporting documents to: appointments@woundconsultancy.com.au

A member of our team will be in contact within 1-2 business days of referral.



CANCELLATION POLICY

- Cancellation within 24 hours of appointment will incur a charge of 50% of scheduled fee
- Cancellation on day will incur a charge of 100% of scheduled fee
- Failure to present for Telehealth appointments will incur a charge of 100% of scheduled fee