PLEASE NOTE INCOMPLETE FORMS WILL NOT BE ACCEPTED AND COULD DELAY THE REFERRAL.

**LEEDS COMMUNITY TISSUE VIABILTY SERVICE REFERRAL FORM**

## NHS

**Please email using a secure nhs.net email address to** **lch.tissueviability@nhs.net**

**Please note faxed referrals are no longer accepted - Telephone: 0113 8433730**

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| Patients Name:  NHS Number: Address: Tel No: or if no phone please indicateDate of Birth:  | Referrer’s Name: Designation: Address or ward: Tel: Mobile: Date of Referral: Is the patient aware of the referral:  |

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| --- | --- | --- |
| Ethnicity: | Communication requirements:(e.g.: Interpreter, etc) |  Allergies/Hypersensitivities: |

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| --- | --- |
| GP Name: Address: Tel No: | Next of Kin: Address: Tel No: |

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| Relevant Past Medical History: | Medication: |

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| **FOR HOSPITAL USE ONLY. ALL the information in this box MUST BE COMPLETED for Topical Negative Pressure Referrals – failure to complete this box will result in return of the referral form:****Date of Discharge: Date of First Dressing Change:****Pump Number:** **Has the patient been discharged with the charger and carrying case?** **Have the integrated clinic or neighbourhood nurses been informed?**  |

Reason for referral.

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| Pressure ulcer | Traumatic wound | Infected wound: please follow the wound infection framework. | Other  |
| Leg ulcer | Surgical wound | Equipment advice | MASD: please follow the MASD guidance. |
| Foot Ulcers: please refer to podiatry. For urgent referrals call 0113 8430730 or email leedscommunitypodiatry@nhs.net |
| Is the Patient known to other specialist services: vascular, limb salvage, dermatology, plastics if so, please liaise with them. |

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| Site of wound/s: | Wound dimensions and photographs:Please attach a photograph | Current dressing regime and frequency of changes: |

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| Leg ulcersABPI readings within the last 6/12 months: Left: Right:Lower limb framework followed: YES NOPlease indicate any issues regarding performing dopplers: |
| Pressure ulcersMattress: Cushion:Other: Repositioning regime: |

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| Risk factors and further relevant details to referral:Please advise TVN’s of the following: nutrition and hydration, current weight (loss or gain), end of life care, moisture, concordance of treatment, mobility, recent infection, sensory impairment. PLEASE NOTE INCOMPLETE FORMS will NOT BE ACCEPTED AND COULD DELAY THE REFERRAL. |