

Wound Care Wound Healing Center Form

Wound Healing Center
2888 Long Beach Blvd., Suite 125
Long Beach, CA 90806

Hyperbaric Medicine
2801 Atlantic Ave, 6th Floor
Long Beach, CA 90806

REFERRAL

Patient Name: _____ Date of Birth: _____ Today's Date: _____

Patient's Phone: _____ Primary Ins: _____ Secondary Ins: _____

Referral Requested:

Stat (please call)

First available

Reason for Referral:

Wound Care Evaluation & Treatment

Venous leg ulcer

Arterial insufficiency ulcer

Pressure (decubitus) ulcer

Vaculitis/inflammatory ulcer

Surgical wound complication
(e.g. infection, dehiscence)

Compromised or ischemic flap
or graft

Other: _____

Hyperbaric Oxygen Therapy

Osteomyelitis—chronic
refractory

Delayed radiation tissue injury

— Osteoradionecrosis

— Soft tissue radionecrosis

— Radiation proctitis/enteritis

— Radiation induced
hemorrhagic cystitis

Diabetic foot ulcer

Critical limb ischemia

Compromised skin grafts/flaps

Other: _____

Ostomy Care Evaluation & Treatment

Colostomy

Ileostomy

Urostomy

Other: _____

Location of wound: _____

Referring Physician's Name (Please Print): _____

Referring Physician's Signature: _____

Specialty: _____ **Phone:** _____ **Fax:** _____

Additional Comments: _____