



Fraser Health Complex Wound Centre (CWC) Referral



MSXX107020A

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Eagle Ridge Hospital, 475 Guildford Way, Port Moody, BC V3H 3W9

Phone: 604-469-5195 Fax: 604-469-3159

Referral Criteria:

- Patient will need to be ambulatory
- Patient does not have a sacral or coccygeal pressure wound
- Patient is able to transfer independently from a wheelchair

What will happen when this referral is made?

- Patient and referring physician will be contacted with an appointment date and time.

Please Note:

The **CWC** specializes in the comprehensive treatment of lower limb wounds. The **CWC** can also assist in the treatment of non-healing post-surgical wounds. If the patient does not meet the referral criteria above, then the **CWC** will be unable to assess the patient.

PATIENT CONTACT INFORMATION:

Patient Address: _____ _____	Alternate Contact: _____ Name/Relationship: _____
Home & Cell #: _____	

REFERRAL FOR COMPLEX WOUND CENTRE (CWC):

Is Patient receiving FH Home Health Services? yes no
*** If NO, initiate referral for wound care services at FH Home Health Service Line 1-855-412-2121**

Does the wound show symptoms of infection? yes no
*** If YES, initiate referral to Infectious Disease IN ADDITION to Complex Wound Centre referral**

Referral requested on: _____ <i>(dd/mmm/yyyy)</i>	Location of Wound: _____
	Duration of Wound: _____
Patient Wound History: _____ _____	Past Medical History: _____ _____

Allergies: _____

Name of Referring Physician or Clinician: _____ MSP: _____
 Phone Number: _____ Fax Number: _____

Attached: <input type="checkbox"/> Relevant Imaging Reports	<input type="checkbox"/> Medication List
<input type="checkbox"/> Consultations from other Specialists	<input type="checkbox"/> Recent Labs
<input type="checkbox"/> Vascular Studies	<input type="checkbox"/> List of Wound Care Products
<input type="checkbox"/> Pathology Reports	