**Referral Form**

All referrals to be faxed/emailed to **5173 8027** or **hrfc@lrh.com.au** for triage.

To discuss patient call **5173 5479** Monday – Friday, 8am till 5pm.

**Patient details** *(If LRH inpatient attach Bradma)*

|  |  |
| --- | --- |
| Name: |  |
| DOB: |  |
| Address: |  |
| Phone: |  |

**Referring Practitioner details:**

|  |  |
| --- | --- |
| Referrers name: |  |
| Provider number: |  |
| Clinic: |  |
| Address: |  |
| Phone/Fax: |  |

**Step 1: Eligibility Criteria: *(Please ensure your patient meets criteria before proceeding with referral):***

* Non-healing foot/ankle wound (> 4 weeks with no reduction in size or depth).
* Acute foot infection (cellulitis/ osteomyelitis).
* Active Charcot foot (red, hot swollen foot with/without structural deformity).
* Please ensure person is medically appropriate and referral is congruent with person’s goals of care.

**Step 2: Wound details / Risk factors**

|  |  |  |  |
| --- | --- | --- | --- |
| Location of wound (s) |  | Peripheral neuropathy | Present / absent |
| Duration of wound (s) |  | Peripheral Arterial Disease | Present / absent |
| Aetiology |  | Previous amputation | Yes / No |
| Current dressing / offloading regime |  | Foot deformity | Yes / No |

**Please attach the following required information:**

* Medical and social history.
* Current medications and allergies, including recent antibiotics.
* Relevant pathology and radiology results (XR, CT, MRI, arterial duplex u/s, wound swab).
* Recent blood tests (FBE, HbA1c, UEC, lipid profile).
* Other health professionals involved in wound management.

**Step 3:**

Fax/Email this referral form to the contact details at the top of the form.

High Risk Foot Clinic will contact patient to arrange appointment.

Ineligible referrals will be returned to referring practitioner.