

Birmingham Vascular Leg Ulcer Referral Form.

Inclusion: Non – healing wound on the lower leg, present for 2 weeks or more.

Exclusion: All foot ulcers; Malignancy; Dermatological; Lymphoedema (ref to MHH Lymphoedema team)

<p><u>Patient Details</u></p> <p>Surname</p> <p>Forename (s)</p> <p>Date of Birth</p> <p>NHS/Hospital No</p> <p>Address</p> <p>.....</p> <p>Postcode</p> <p>Contact Number</p> <p>Interpreter Required Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Preferred Language</p>	<p><u>Referral</u></p> <p>Date of referral</p> <p>Referrers name</p> <p>Job Title</p> <p><i>Referrers DD telephone no</i></p> <p>Referring Address</p> <p><u>GP Details</u></p> <p>GP</p> <p>Address</p> <p>.....</p> <p>.....</p> <p>Contact number</p> <p>Email address</p>
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Please provide all reasons for referral:

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Wound

	Right Leg	Left Leg	Comments
Non-Healing Wound <i>(circle for each leg)</i>	Yes / No	Yes / No	If not, please give reason
Duration of Wound <i>(months / years)</i>			
Compression Therapy	Yes / No	Yes / No	

Ankle Brachial Pressure Index

	Right	Left	Comments
Hand Held Doppler (HHD) APBI assessment	Brachial	Brachial	
	PT	PT	
	DP	DP	
Reading	

Mobility Status

Fully mobile Reduced mobility Mobile with an aid Immobile

Photographs

Has the wound been photographed Yes / No

Have they been sent with referral Yes / No

Date Taken Right..... Left.....

Mental Capacity History of Dementia: Yes / No If yes: Mild Moderate Severe

Current wound care treatment (including compression therapy)

..... **Patients BMI**

Past Medical History / Medication

Has this patient previously been seen by the Vascular team: Yes / No If yes which site:.....