**Lower Limb Therapy Referral Form**

**Please complete this referral form with a good quality wound photograph and email to:** **lowerlimbtherapy.referrals@nhs.net** **or send to LLTS, Dawlish Hospital, Dawlish, EX7 9DH**

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| **Referrer Details**  | **Patient Details**  |
| Name:      | Name:      | DoB:      |
| Profession:      | Address:      | Gender:      |
| Address:      |
| NHS No.:       |
| Patient Consent to this referral?Yes [ ]  No [ ]  |
| Tel No:      | Tel No. (1):       | Mobility- Can patient attend clinic:Yes [ ]  No [ ]  |
| **GP Details** |
| Email:      | GP name**:**      | Surgery:      |
|  Decision to Refer Date:      | Tel No:      | Surgery e-mail:      |

**Please attach additional clinical issues list from your practice system**

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| **Current Medication**  |
| **Significant issues, allergies, relevant family history, smoking & alcohol status and morbidities**      |

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| **Relevant past medical history** Including a patient clinical summary enables us to triage efficientlyPlease advise us of any long term conditions / concordance issues / previous wound infections. |
| **Every new patient will be offered a holistic LU assessment with ABPI/Doppler** |

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| If appropriate date of most recent ABPI |  |
| **Right Leg**ABPI Result / Pulses  |  | **Left Leg**ABPI Result / Pulses |  |
| Is the patient in compression bandaging or hosiery? |  | How long has ulcer been present? |  |
| **Right leg - largest wound details** | **Left leg - largest wound details**  |
| Length/width in cm |  | Length/width in cm |  |
| Depth |  | Depth  |  |
| Location on limb |  | Location on limb  |  |
| **If photos have not been supplied then the above wound details must be completed to enable triage** |
| Is the patient Diabetic? | No [ ]  Insulin dependant [ ]  Diet controlled [ ]  Tablet [ ]  |
| Is the patient known to other specialist services? Please indicate as appropriate.  | Vascular [ ]  Podiatry [ ]  Dermatology[ ]  Lymphodema [ ]  Community Nursing Service [ ]  Tissue Viability [ ]  Orthopedics [ ]  Other (Please specify)  |