Lower Leg Wound Clinic
Provider Referral

The LLWC accepts referrals for non-healing, poorly healing, and chronic skin wounds below the knee that persist beyond 4-12 weeks despite appropriate treatment. ***All Information Fields Required for Processing***

PATIENT INFORMATION	REFERRED BY
Referral Date	Is this a re-referral? ☐ Yes ☐ No
Patient Name	Referring Physician/NP
Date of birth *ddMmm/yyyy*	MSP # ☐ Locum
PHN	Telephone
Patient Telephone	Fax
Patient Address	Primary Care Provider ☐ Same as referring practitioner
*Please indicated if someone other than the patient should be contacted	Specialists/Additional Care Providers to be Copied on Consultations:
Alternate Contact	
Relationship	
Telephone	

REFERRAL INFORMATION

Date of Wound Onset _____ Wound Location: ☐ Right ☐ Left ☐ Bilateral

☐ necrosis/gangrene present ☐ Lower Leg ☐ Forefoot ☐ Midfoot ☐ Hindfoot (Heel)

Diabetes: ☐ Yes ☐ No Date Diagnosed _____ Hbg A1C (if applicable) _____

Creatinine & eGFR (include date) _____ Active with Community Health Services? ☐ Yes ☐ No

Residing in Care Facility? ☐ Yes ☐ No _____ Independent to Transfer? ☐ Yes ☐ No _____

Cognition/Communication Challenges? ☐ Yes ☐ No _____

ARO Alert? ☐ Yes ☐ No _____ Height/Weight _____

Pertinent Medical History

Medications

Allergies

ROUTING

Fax Completed Referral to Royal Jubilee Hospital, Clinic 3, Diagnostic & Treatment Centre

Phone:(250) 519-1513 **Fax:(250) 519-1514** **Email: llwc@islandhealth.ca**

Non-Ambulatory Patients Must Arrive Via Wheelchair or Stretcher ▪ This Clinic is Unable to Provide Emergency Services