Wound Nurse Practitioner Clinic
Outpatients Department, Blue Mountains Hospital
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Nepean Blue Mountains Local Health District

SECTION 1: Patient details

Name: ..... Date of Birth: .....

Previous surname/s: ..... Phone: .....

Address: .....

Medicare no: ..... Parent/Carer name: .....

SECTION 2: Clinical information *Please specify presenting problem below*

- ❑ Location of wound: ..... ❑ Approximate size .....
- ❑ Duration of wound: .....
- ❑ How did the wound start (eg blister, discolouration to tissue): .....
- ❑ Management to date: .....
- ❑ Patient's mobility status (ambulant, frame, immobile): .....
- ❑ Can the patient transfer to a clinic bed? ❑ Yes ❑ No

SECTION3: Medical history

- ❑ Peripheral vascular disease (specify) .....
- ❑ T1DM ❑ T2DM ❑ Smoker
- ❑ ETOH ❑ Incontinence ❑ Cognitive impairment (specify) .....
- ❑ Heart disease (specify) .....
- ❑ Other relevant history .....

SECTION 4: Current medications *(Please list all current medications)*

SECTION 5: Referring doctor

Name/Provider number: .....

Practice: .....

Signature: ..... Date: .....

SECTION 6: TRIAGE - HOSPITAL USE ONLY

Category: ❑ 1 (30 days) ❑ 2 (<90 days) ❑ 3 (365 days)

Appointment type: ❑ Face to face ❑ Telehealth appointment

Appointment time: ❑ 15 minutes ❑ 30 minutes ❑ 45 minutes

Patient informed: ❑ Yes ❑ No

Reply to referrer letter ❑ Yes ❑ No

Comments: .....

Signature/designation: ..... Date: .....