Wound Nurse Practitioner Clinic
Surgical Outpatients
Building E, Level 2, Nepean Hospital
Corner Derby and Somerset Streets, Kingswood NSW 2747
Phone: 4734 1763 (option 2) | Fax: 4734 1283
NBMLHD-SurigcalReferrals@health.nsw.gov.au

Nepean Blue Mountains Local Health District

SECTION 1: Patient details

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

Given Name: .... Phone: ....

Address: ....

Medicare no: .... Person to contact: ....

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: ....

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