Center for Advanced Wound Care

Glencoe Regional Health, 1805 Hennepin Ave. North

Phone: 320.864.7040 Fax: 320.864.7140

Date: _____

Referring Physician: _____ Phone:_____ Fax:_____

PATIENT INFORMATION:

Name: _____ D.O.B_____ Excellian MRN:_____

Address_____ City _____State:_____ Zip:_____

Phone:_____: Are we able to leave a confidential message? YES/NO

Primary Insurance:_____ Secondary Insurance:_____

Transportation Needed? □ Yes □ No

Patient transfers: Ambulatory Wheelchair Stretcher Mechanical lift

Location of Wound: _____

Type of Wound: (see below) **We treat all wounds of any nature; no wound has occurred to soon to send a referral:**

- ☐ Acute peripheral arterial insufficiency
- ☐ Arterial ulcer
- ☐ Decubitus ulcer
- ☐ Insect bite
- ☐ Peripheral vascular disease
- ☐ Radiation proctitis
- ☐ Trauma
- ☐ Acute traumatic peripheral ischemia
- ☐ Cellulitis
- ☐ Diabetic ulcer (any)
- ☐ Osteoradionecrosis
- ☐ Post-operative wound
- ☐ Soft-tissue necrosis
- ☐ Venous ulcer
- ☐ Actinomycosis
- ☐ Wound dehiscence
- ☐ Compromised flap or graft
- ☐ Hemorrhagic cystitis
- ☐ Osteomyelitis
- ☐ Pressure ulcer
- ☐ Thermal burn
- ☐ Other:_____

Please provide us with the following documentation:

1) Demographics page
2) Progress Note with details of the wound assessment
3) Any recent labs or imaging related to the wound
4) Problem list and Current medication list