Wound Care Referral Form

Referring Provider / Facility Information

- Referring Provider Name: _____
- Credentials: _____
- Facility / Practice Name: _____
- Phone: _____ Fax: _____
- Secure Email: _____

Patient Information

- Patient Name: _____
- Date of Birth: _____
- Address: _____
- Phone: _____
- Emergency Contact / Caregiver (if applicable): _____

Insurance Information (if available)

- Primary Insurance: _____
- ID #: _____
- Secondary Insurance: _____

Reason for Referral (check all that apply)

☐ Initial wound evaluation
☐ Ongoing wound management / Advanced wound assessment
☐ Debridement consideration
☐ Chronic or non-healing wound
☐ Post-discharge wound follow-up
☐ Other: _____

Wound Information

Wound Location(s): _____

Type of Wound:

☐ Pressure injury ☐ Diabetic foot ulcer
☐ Venous ulcer ☐ Arterial / ischemic ulcer
☐ Surgical wound ☐ Traumatic wound
☐ Other: _____

- Approximate Size (L × W × D): _____
- How long has the wound been present? _____
- Signs of infection? ☐ Yes ☐ No
- Current wound treatment / dressings: _____

Relevant Medical History (Check all that apply)

☐ Diabetes ☐ Peripheral vascular disease

☐ Chronic kidney disease ☐ Heart failure

☐ Limited mobility ☐ Immunocompromised

☐ Other: _____

Allergies: _____

Current Medications: ☐ Attached ☐ Not Available

Medicare Homebound & Skilled Need Attestation

(To be completed and signed by referring physician or authorized healthcare provider)

I certify that, to the best of my knowledge:

☐ The patient is **homebound**, meaning leaving the home requires a considerable and taxing effort and/or assistance from another person or medical equipment.

☐ Leaving the home is medically contraindicated or significantly limited due to the patient's condition.

☐ The patient requires **intermittent skilled services**, including skilled wound assessment and/or management.

Face-to-Face Encounter Date: _____ (Related to primary reason for home health services)

Referring Provider Name: _____

Signature: _____ Date: _____

NPI: _____

Attachments (Recommended)

☐ Face sheet / demographics

☐ Recent progress notes

☐ Wound assessment documentation

☐ Medication list

☐ Recent labs or imaging (if relevant)

☐ Wound photos (if available)

Submission Instructions

Please send referral and supporting documents via:

- Secure Fax: **(717) 703-2445**
- Secure Email: referrals@woundaccess.org
- Questions: (717) 483-2203