

LEG ULCER CLINIC REFERRAL

PATIENT DETAILS				
Name:		DOB:	NHS Number:	
Address:				
Postcode:		Telephone:		
GP:				
CLINICAL INFORMATION				
Medical History:				
Medication:				
Known Allergies:				
ULCER HISTORY				
Date of Onset:		Date of last ABPI:	Ulcer Site/Probable Cause:	
		ABPI result:		
WOUND ASSESSMENT				
Wound Bed			Exudate Amount	
Epithelialising		%		
Clean & Granulating		%		
Sloughy		%	Exudate Colour	
Necrotic		%		
Measurements			Exudate Odour	
Length	Width	Depth	Wound Edges	
mm	mm	mm		
Clinical Infection			Surrounding Skin	
Date Swab Sent:			Oedema	
Result:			Pain Description	
Treatment:			Dressing Used:	
Inflammation				
Pain/Heat/Oedema/Erythema				
Date:		Signature & Designation:		

NB Referrals to leg ulcer clinic will be accepted if a wound has been in situ on the lower leg (between ankle and knee) for 6 weeks or more.