East London NHS
NHS Foundation Trust

Referral Form to Tissue Viability Services

The Centre Manor Park 30 Church Road London E12 6AQ Tel 020 8553 7484

Please complete and email to **tissueviability.service@nhs.net**

Patient Details	
Patients Name	Address: Telephone No:
Date of Birth	NHS Number
GP' s Name & Address Telephone No:	Nurse Telephone No:
Medical History: (or attach EMIS Summary) Allergies:	Medication:
Assessment	
WATERLOW Score: Skin assessment completed: Yes ☐ No ☐	MUST nutritional score: Pain score – patient reported 1-10 ☐
Wound Assessment	
Wound Type: Leg ulcer ☐ Pressure ulcer ☐ Diabetic foot wound ☐ Surgical wound ☐ Laceration/abrasion ☐ Other ☐ Wound cause: Wound location: Wound duration:	
Leg ulcers: Venous ☐ Mixed ☐ Arterial ☐ Other ☐ DOPPLER ASSESSMENT DATE: ☐ ABPI Right leg ☐ Left leg ☐	**Pressure Ulcers:** Grade 1 ☐ Grade 3 ☐ Grade 2 ☐ Grade 4 ☐ **Please provide Doppler result for heel pressure ulcers** ABPI Right Leg ☐ Left leg ☐ Datix report completed ☐ Safeguarding Alert Raised ☐
Wound Measurement: Maximum length & width & depth _____ **T**issue type: % Epithelialising ☐ Granulating ☐ Sloughy ☐ Necrotic ☐	**I**nfection: Clinical signs of Infection: Yes/No List signs and symptoms: _____ **M**oisture levels: High ☐ Moderate ☐ Low ☐

Wound Dressings and Equipment		
Primary dressing: Secondary dressing:	Frequency of dressing change:	Compression therapy: Equipment issued:
Name of Referrer: Contact number:	Reason for referral:	Date:

Date received by Tissue Viability: