



**CHRISTIANA CARE**  
HEALTH SYSTEM

**Wound Care & Hyperbaric  
Medicine Center**

700 Lea Blvd - Suite 300  
Wilmington, DE 19802  
Phone: 302-320-4050 or Fax: 302-762-3705  
[www.Christianacare.org/woundcenter](http://www.Christianacare.org/woundcenter)

## New Patient Referral Form

Patient Name: \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_\_\_ AGE: \_\_\_ SEX: \_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_

Primary Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

Secondary Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

Is patient diabetic? \_\_\_ Does patient have a pacemaker? \_\_\_ Does patient have home health? \_\_\_

Is patient ambulatory? \_\_\_ Does patient use a wheelchair or walker? \_\_\_

### Indications for Wound Care:

- |  |  |
|--|--|
| <input type="checkbox"/> Pressure Ulcer  | <input type="checkbox"/> Ischemic Wound  |
| <input type="checkbox"/> Surgical Wound  | <input type="checkbox"/> Diabetic Ulcer  |
| <input type="checkbox"/> Traumatic Wound | <input type="checkbox"/> Wound Flap      |
| <input type="checkbox"/> Venous Ulcer    | <input type="checkbox"/> Other ( _____ ) |

### Indications for HBO:

- |   |  |
|---|--|
| <input type="checkbox"/> Acute sensory hearing loss       | <input type="checkbox"/> Acute retinal artery occlusion        |
| <input type="checkbox"/> Chronic refractory osteomyelitis | <input type="checkbox"/> Diabetic ulcer of the lower extremity |
| <input type="checkbox"/> Osteoradionecrosis               | <input type="checkbox"/> Compromised skin graft                |
| <input type="checkbox"/> Soft tissue radionecrosis        |  |

Diagnosis \_\_\_\_\_

Wound Location \_\_\_\_\_

Comments \_\_\_\_\_

Please send with patient or fax a list of medications, recent labs and x-ray, H&P and progress notes.

Referring Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Referring Physician Signature \_\_\_\_\_ NPI \_\_\_\_\_