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| **WOUND CARE PROGRAM REFERRAL FORM*PLEASE COMPLETE ALL FIELDS*** | **C:\Users\Jasmine.CHOW04\Dropbox\GRAPHICS\H3RC-tagline.jpg** |
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| **Fax Referral Form to (808) 521-1552 (Attn: Christina Wang) Phone: (808) 683-5484** |
| Today's date:  | Is this person a current HHHRC participant? Y / N  | HHHRC SEP participant card #: |
| Patient's name:  | Date of birth: |
| Address or other location where patient can generally be found: |
| Primary phone #:  | Other means of contact: |
| **Referring Information** |
| *Referral source:*  Queens ED Queens Wound Care IHS Straub HOME clinic Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of referrer:  | Phone #:  | Fax # or email:  |
| PCP (if any):  | Phone #:  |
| **Health Insurance Information** |
| Primary insurance:  | Subscriber:  | Sub ID:  |
| Secondary insurance: | Subscriber:  | Sub ID:  |
| **Diagnosis and Pertinent Medical History** |
| ICD-10 diagnosis codes: | A & O Status: |
| Is the patient able to ambulate independently? Y / N If no, what assistive devices are used? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Information about wounds (wound location(s), size(s), and duration; previous treatments that have been tried, etc.): *{Please feel free to attach recent SOAP note/progress notes and other pertinent information}* |
| If the wound is on an extremity, is patient being seen by a vascular surgeon?  | Y / N  |
| Is the wound on a surgical site (ie amputation stump)? | Y / N  |
| Name of surgeon: | Date of surgery: | CPT Code(s): |
| Labs/imaging in the past 2 months, particularly Prealbumin, A1C, and vascular studies: |
| \* Please inform us if patient has a history of the following: \_\_\_ MRSA \_\_\_ VRE \_\_\_ ESBL \_\_\_ C. Diff |

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| **Additional Information About the Hawaiʻi Health & Harm Reduction Center Community-Based Wound Care Program**  |
| **HHHRC’s community-based wound care program is for basic wound care that can be managed in a community setting, which includes, but is not limited to**: * The Hawaiʻi Health & Harm Reduction Center’s wound care program does not have the capacity to care for long-term bedridden patients.
1. Patients appropriate for outpatient setting needing follow-up
2. Simple I&Ds that were performed at the bedside and/or were discharged from the ED
3. Wounds that do not require IV antibiotics
4. Dressing changes with discharge orders.

**If there are any questions or concerns, please contact Christina Wang, DNP, MPH, APRN-Rx, AGPCNP-C at** **808-683-5484 to clarify whether this patient can be managed in a community setting.**  |
| **HHHRC Clinic:** 677 Ala Moana Blvd Suite 226 Honolulu, HI 96813**Clinic Hours:** Monday, Wednesday, Thursday 9:00am - 4:30pm, Tuesday and Friday 1:00pm - 4:30pm**HHHRC Chinatown Outreach** (on River and Kukui): Tuesday and Friday 9:00am - 12:00pm |