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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 |