


Appendix 3

Appendix 3.2: RANP Out-Patient Referral Form

 <p>HEALTH SERVICE EXECUTIVE – SOUTH CORK UNIVERSITY HOSPITAL GROUP OUT-PATIENT WOUND MANAGEMENT REFERRAL FORM TO ADVANCED NURSE PRACTITIONER (WOUND-CARE)</p>	
PATIENT NAME:	WOUND AETIOLOGY / DURATION:
Address:	
DATE OF BIRTH:	CLINIC:
REFERRED FROM: GP PRACTICE (BLOCK CAPITALS):	
PHN:	
OTHER HOSPITAL:	
MEDICAL/SURGICAL HISTORY:	
MEDICATIONS:	
WOUND APPEARANCE: (E.G. SLOUGH %...)	
PER-WOUND / SKIN CONDITION :	
PAIN & MANAGEMENT:	
NUTRITIONAL STATUS:	
WATERLOW RISK ASSESSMENT: YES NO N/A	
INFECTION / COLONISATION SWAB COLLECTED; YES/NO, ANTIBIOTIC; YES/ NO	
ASSESSMENT + INVESTIGATIONS TO DATE:	
TREATMENT OBJECTIVES + MANAGEMENT TO DATE:	
REASON FOR REFERRAL:	
REFERRAL TO OTHER ALLIED HEALTH PROFESSIONALS: NO; YES; (PLEASE SPECIFY)	
REFERRED BY:	DATE:
RECEIVED:	DATE: