



Patient Demographics

Patient Name _____
Birth Date (dd/mm/yy) _____
Healthcare Number _____ VC _____
Phone Number _____

**Outpatient Multidisciplinary
Complex Wound Care Clinic Referral**

The Outpatient Wound Care Clinic takes place every Friday afternoon (excluding holidays) in the Oakville Outpatient Department

Appointment Type: Urgent (within the week) Next Available (within 2-4 weeks)

Wound Location: Right Leg Right foot Right toes
 Left Leg Left Foot Left toes
 Other: _____

Is wound: Acute less than 2weeks Chronic

Investigations done: _____

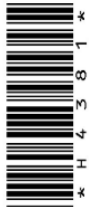
Past Medical History: Diabetic Peripheral Artery Disease
 On anticoagulation? Specify _____
 Antibiotic? _____

Clinical Note:

Referral Physician/NP (Print Name): _____

Referral Physician/NP (Signature): _____ Date: _____

Billing Number: _____



Please fax referral to: 905-844-5352. We will contact patient directly with appointment.