PH: 229-249-5080  2330 North Ashley Street

FAX: 229-249-5088 Valdosta, GA 31602

**We are committed to advancing wound healing by creating and sharing our wound care expertise; everywhere we can, for every patient who would benefit, by the best means available.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Referring  Provider: | | | | Office  Contact: | |
| NPI# | | Phone: | | | FAX: |
| **Referring to: \_\_\_\_\_ Wound Care \_\_\_\_\_ Hyperbarics** | | | | | |
| Patient  Name: | | | | | |
| Date of Birth: | | | SSN | | |
| Address: | | | | | |
| City: | | | Zip Code: | | |
| Phone: (Home) Phone: (Cell) | | | | | |
| Marital Status: | Gender: \_\_\_ M \_\_\_ F | | Under the care of a surgeon?  \_\_\_ Yes \_\_\_No Who? | | |
| Primary Insurance: | | | Insurance #: | | |
| Wound Location: | | | Duration:(#days/weeks/months) | | |
| **Circle One:** Ambulatory Walker Wheelchair Stretcher \*Dementia \*Coherent | | | | | |
| **\*If patient is incoherent, responsible party, family member or POA must be present.** | | | | | |
| \*Responsible party’s name: | | | | Phone: | |
| **Check all that apply:** | | | | | |
| \_\_ Diabetic \_\_ Dialysis \_\_Workman’s Comp \_\_ Home Health \_\_ Hospice \_\_ Assisted Living \_\_NHome ***Agency Name:*** | | | | | |
| **Other Relevant Information** | | | | | |
| Primary Care Physician:  (If different from referring Provider) | | | Phone/FAX | | |

For our office use

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date patient assigned to Doctor: \_\_\_\_\_\_\_\_\_\_\_\_

Date Patient Chart Created: \_\_\_\_\_\_\_\_\_\_\_\_ Date Patient is scheduled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_