



When a wound becomes too complex for routine care, that is where we come in.
We work alongside your team. Our certified wound specialists (NP and MD) step in when wounds need advanced therapies and treatments that go beyond what a standard nursing visit can offer.
Keep your patients home, healing, and out of the hospital.
Covered under Medicare Part B — no cost to refer.

PATIENT INFORMATION

Last Name	First Name	M.I.	Date of Birth
_____	_____	_____	_____
Phone Number	Address (Street, City, State, ZIP)		
_____	_____		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	_____		
Primary Language	Best Day/Time to Call		
_____	_____		

INSURANCE

Medicare ID (MBI)	Medicare Advantage Plan
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____
Medicaid ID (if applicable)	MA Policy #
_____	_____

CAREGIVER / EMERGENCY CONTACT

Name	Relationship
_____	_____

If available, fax a copy of the patient's Medicare card and photo ID.

REFERRING PROFESSIONAL

Your Name	Title / Role	Phone
_____	_____	_____
Facility / Organization	Email (optional)	
_____	_____	

WOUND INFO (IF AVAILABLE — VERY HELPFUL!)

Wound Location(s)	Approx. Size
_____	_____
Wound Type: <input type="checkbox"/> Diabetic <input type="checkbox"/> Venous <input type="checkbox"/> Arterial <input type="checkbox"/> Pressure Injury <input type="checkbox"/> Surgical <input type="checkbox"/> Burn <input type="checkbox"/> Other	

Not sure? Describe below — we will follow up.

ADDITIONAL NOTES / COMMENTS