



PLEASE NOTE: Completed form must be received 72 hours prior to Wound Rounds to ensure patient registration and insurance authorization occurs.

Please scan and email this completed form, and the documents listed below, to the email of your respective state:

Idaho intakesID@unitedwoundhealing.com
Oregon intakesOR@unitedwoundhealing.com

Utah intakesUT@unitedwoundhealing.com
Washington intakesWA@unitedwoundhealing.com

- Documents**
1. Most Recent Patient Face Sheet
 2. Physician Order for Wound Care Evaluation and Treatment
 3. History and physical exam, discharge summary, and/or problem list

Facility Name _____

Your Name _____ Contact Number _____

Patient Name _____ Date of Birth _____

MD Order for Wound Care Referral

United Wound Healing to evaluate and treat as indicated.

Signed _____ Date _____

GENERAL PATIENT INFORMATION (all information is REQUIRED):

- Hospice
- Re-admission to United Wound Healing

Date of last influenza vaccination _____

THE FOLLOWING MUST BE COMPLETED FOR EACH WOUND LOCATION (all information is REQUIRED):

	Wound Location	Date Acquired	Type of Wound	Stage	Facility Acquired
<i>Example:</i>	<i>Sacrum</i>	<i>1/1/2019</i>	<i>Pressure Injury</i>	<i>4</i>	<input type="radio"/> Yes <input type="radio"/> No
1					<input type="radio"/> Yes <input type="radio"/> No
2					<input type="radio"/> Yes <input type="radio"/> No
3					<input type="radio"/> Yes <input type="radio"/> No
4					<input type="radio"/> Yes <input type="radio"/> No

Please include additional wounds on a separate sheet.

Questions? If you have questions, please call us at 1-855-255-1750.