United Wound Healing
Team-Centered Wound Care.™

New Patient Referral Form

PLEASE NOTE: Completed copy of this form and required documents 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:

Arizona	intakes**AZ**@unitedwoundhealing.com	**Utah**	intakes**UT**@unitedwoundhealing.com
Colorado	intakes**CO**@unitedwoundhealing.com	**Washington**	intakes**WA**@unitedwoundhealing.com
Idaho	intakes**ID**@unitedwoundhealing.com	**Wyoming**	intakes**WY**@unitedwoundhealing.com
Oregon	intakes**OR**@unitedwoundhealing.com		

Required documents
1. Most recent Face Sheet from referring facility.
2. Physician order for Wound Care Evaluation and Treatment *(i.e. We request [patient name] to be seen by United Wound Healing, PS for their wound care needs.)*

Facility Name _____

Your Name _____ Facility Contact Number _____

Patient Name _____ Date of Birth _____

TELEPHONE MD ORDER for "United Wound Healing to evaluate and treat as indicated," received

MD Name *(please print)* _____

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
Example:	*Sacrum*	*1/1/2019*	*Pressure Injury*	*4*
1				
2				
3				
4				

Please include additional wounds on a separate sheet.

Questions? If you have questions, please call us at 1-855-255-1750 | **Fax** 1-855-255-0905