Dr. Jeffrey Winter

Vicky Bryan MSN, CWON, FNP-C

2041 Mesa Valley Way
Suite 185
Austell, GA 30106

130 Riverstone Terrace
Suite 100
Canton, GA 30114

3747 Roswell Road
Suite 316
Marietta, GA 30062

61 Whitcher Street
Suite 2100
Marietta, GA 30060

WOUND CARE REFERRAL

T: 678.626.5426 F: 678.391.5083

Patient: _____ Insurance/Policy# _____

Address: _____ City/State _____ Zip _____

Patient Phone # _____ DOB: _____ SS# _____

Attach Demographics

Ordering Physician: _____ Office Phone#_____ Referral Date _____

Name of contact for Referral: _____ Referral Location: Office/ Home Care/ Nursing Home

Mobility Status: Ambulatory/ Wheelchair/ Stretcher

Wound Type: Diabetic Traumatic Injury Lymphedema Surgical Pressure
Peripheral Artery Disease Venous Disease Unknown

Wound Location(s): _____ Duration: _____

Diabetes: Y/N Recent HbA1c _____ Date _____ Albumin _____ Date _____

Infection: Y/N Wound Culture Performed: Y/N Date: _____ Copy of Results: Y/N
Antibiotic Treatment: _____
Current Wound Care Treatment: _____

_____

Referral needs: * Assume Treatment for Advanced Wound Care needs

* Complete Vascular Evaluation for Active Wound

Provider Signature_____ Date_____