

Lower Leg Assessment Clinic Referral Form

Date of Referral:	
Patient information Full Name: PHN: DOB: Gender:	Address: Phone Number: Alternate Phone Number: Email:
Referring Provider:	Clinic:

Patients and Clinicians should be aware of the following upon referral to the EWPCN LLAC:

- Wounds with significant tissue involvement or loss (exposed bone or tendon) are not within scope of this clinic.
- The Patient may need to walk 60 meters with assistive devices.
- Patient must be able to transfer independently and lie flat for 45min.
- The patient must be aware multiple appointments to EWPCN LLAC may be necessary & home visits are not provided. Patients that already have a specialized clinician (NSWOC, Wound specialist, Lymphedema therapist) already involved in lower leg or wound management (for example homecare) will be redirected back to their active team.
- By referring to the EWPCN LLAC you are consenting to have a wound swab collected on your behalf if clinically appropriate.

Reason for Referral

Vascular/ABI Assessment
 Pressure Area/Redness
 Lower Leg Edema
 Wound

AADL Renewal (compression or footwear)

Relevant Medical History

- Medication list attached? Yes No
- Past Medical History attached? Yes No
- Does the client see a specialist? Yes No
- If yes, specialist name and specialty:
- Completed or pending related referrals or diagnostic imaging? Yes No
- If yes, where:
- Has the patient experienced compression therapy in the past/worn compression? Yes No
- If yes, current compression level:
- Any care in place for active wounds or edema treatment? Yes No

Additional Information/Treatment History:
 (i.e. Sees a podiatrist, previously seen at a wound clinic, antibiotics prescribed for current condition, etc.)

Booking line 780-443-7477 | Fax completed form to 780-481-9149