**Referrals to be completed by a Registered Healthcare Professional**

**Incomplete or illegible referrals will result in a delay and will be returned**

**Have you consulted the MASD Pathways?**

**Have you consulted the Wound Management Formulary for advice in the first instance?**

[Wound Management Formulary](https://staffnet.fv.scot.nhs.uk/departments/wp-content/uploads/sites/16/2022/11/Wound-Management-Formulary-2022-final.docx) or Tissue Viability Website [Tissue Viability – Departments A-Z (scot.nhs.uk)](https://staffnet.fv.scot.nhs.uk/departments/tissue-viability/?preview_id=5615&preview_nonce=6fbf4743ed&_thumbnail_id=-1&preview=true) or [NHS Forth Valley – Tissue Viability](https://nhsforthvalley.com/health-services/az-of-services/tissue-viability/)

**\* PLEASE ATTACH WOUND PHOTOGRAPHS AS APPROPRIATE TO THIS REFERRAL (if not available on Morse)**

**SEND FULLY COMPLETED REFERRALS TO*:*** **fv.tissueviability@nhs.scot**

|  |  |
| --- | --- |
| **PATIENT INFORMATION**  | **Date:** |
| **Name:** |  | **D.O.B:** |
| **CHI:** |
| **Address & postcode:** |  |
| **G.P. Name & Address:** |  | **Consultant:** |

**Referrer’s details or person to contact with regards referral**

|  |  |
| --- | --- |
| **Name:** |  |
| **Contact Number:** |  |
| **Email Address:** |  |
| **Base:** |  |
| **Role:** |  |

|  |  |
| --- | --- |
| **Reason For Referral to TVS:** |  |
| **PMH:** **- REASON FOR ADMISSION: If an inpatient in acute /community hospital** | **MEDICATION and any ALLERGIES please list****(TVS are unable to access Hepma)** |
| **Is the patient aware of the referral?** **If no, please state why.** |  |
| **Any Risk to Staff?**  |  |

**DESCRIBE SKIN PROBLEMS - Including Moisture Damage and Incontinence Associated Dermatitis (IAD):**

**Duration of current skin condition**:

**Is the patient known to Dermatology**? **Yes No**

|  |  |
| --- | --- |
| **SKIN ASSESSMENT** | **Is skin intact Yes/No**  |
| **Please describe the skin condition:** | **Current Management Regime:** |
| **INCONTINENCE/MOISTURE DAMAGE****See Pathways and grading tools****Urine Yes/No****Faecal Yes/No****Intertriginous Yes/No****Wound exudate Yes/No****Stoma exudate Yes/No****Peri tube exudate Yes/No** | **Describe any current management regime:** |
| **NUTRITION** | **Weight: MUST Score:****BMI:****Current Management as applicable:** |
| **FUNGAL SCREEN Yes/No**This has to be requested separately from bacteriology, if not lab will only carry out C&S | **Date & Result:** |

**Please mark position on body map below:**

  