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WINDSOR
Family | Health | Team

Lower Limb Wound Prevention & Treatment Clinic

Patient Information		**Date of Referral:**	
Name: (First, Last)		Address:	
Date of Birth:		OHIP #:	
Phone: (H) (M)		Email:	
Language:	☐ English ☐ French ☐ Other: _____		
Sex:	☐ Male ☐ Female ☐ Prefer not to answer ☐ Gender Identity: _____		
Identifies as:	☐ First Nation ☐ Metis ☐ Inuit ☐ Non-Indigenous		
Patient provided verbal consent to participate in Team Care? ☐ Yes ☐ No		Patient provided verbal consent for Team Care to leave a confidential voicemail? ☐ Yes ☐ No	

Please note: to be eligible for this program patient MUST be diagnosed with Diabetes, Peripheral Artery Disease and/or an Active Lower Limb Wound

Services Requested - *Please identify requested services by checking the boxes.*

Triage Level:

☐ Non-Critical ☐ Critical**

Please send patients who are medically unstable or have gotten worse in the past 24hrs to the emergency department.

Primary Wound Detail:

Type of wound:

☐ Venous ☐ Arterial ☐ Diabetic ☒ Traumatic
☐ Maintenance ☐ Healable ☐ Non-Healable
☐ Other: _____

Location of Wound: _____

Size of Wound (cm): _____

Has the wound been non-healing for more than 2 weeks? ☐ Yes
☐ No ☐ Unknown

Evidence of Infection?
☐ Yes ☐ No ☐ Unknown

Diagnosed Conditions:

☐ End Stage Renal Disease
☐ High Blood Pressure
☐ High Cholesterol
☐ History of Foot Ulcer
☐ Peripheral Artery Disease (PAD)
☐ Peripheral Neuropathy
☐ Type 1 or Type 2 Diabetes

****Please attach patient profile and blood work (if available) along with referral form****

Reason for Referral:

☐ Multiple hospital admission, clinic and/or ED visits
☐ Resides in a high priority neighbourhood (N8H, N8X, N8Y, N9A, N9B, N9C, N9Y)
☐ Experiencing homelessness or living in social housing
☐ Other social needs (access to transportation or no OHIP, etc.)

Additional Information:

Provider Stamp: (Check off site of referral origin)	☐ ED or Hospital d/c ☐ Ontario Health @Home ☐ weCHC/Diabetes Wellness ☐ Primary Care/Urgent Care Clinic ☐ Shelter Health/Homelessness & Housing Help Hub (H4)

In partnership with:

WINDSOR REGIONAL HOSPITAL – OUTSTANDING CARE – NO EXCEPTIONS!
Windsor Essex Community Health Centre / Centre de santé communautaire de Windsor Essex – weCHC – Healthcare for You / Des soins de santé pour vous
Canadian Mental Health Association Windsor-Essex County – Community well-being is our sole focus.
THE CITY OF WINDSOR ONTARIO, CANADA