



KEMENTERIAN KESIHATAN MALAYSIA
(MINISTRY OF HEALTH)

هوسپتال كلستر فيراق سلاتن
HOSPITAL KLUSTER PERAK SELATAN
(HOSPITAL TELUK INTAN)
JALAN CHANGKAT JONG
36000 TELUK INTAN
PERAK DARUL RIDZUAN

BBHTI-BK(01)/wound care/PIN.01

ADVANCED WOUND CARE CLINIC REFERRAL FORM

Date referral : Appointment date & time given by Wound Clinic :
S/T (Name of MO Wound Clinic) :

Source of Referring :

Ward/Clinic /Department : Next Primary Team Appointment date :
Name of Referring Doctor :

Patient's Details :

Name : Age :
IC No : Gender : Female / Male
Address : Contact No :

Comorbidities & Follow-up Clinic : Medications :

Diagnosis :

Clinical History : Imaging (with date) :

Procedure/Surgical Intervention (with date) :

Physical Exam : **Blood Investigations : (with dates)
 BP : HR : FBC :
 DXT range : SpO2 : RP :
 ABSI (compulsory for venous ulcer) : Albumin :
 o Right : ESR/CRP :
 o Left : C&S :
 Others :

Wound Inspection : (date:) Wound Description :
 Size :
 Location :
 Wound edge
 Exposed underlying structure :

Current Dressing :

** if available

Name and Signature of Referring Dr :
(Official Stamp)