

# Wound Care Center Express Referral Form

## PATIENT INTAKE DATA

Please send with this form the following:  
 \*Current H&P \*Current Med List  
 \*Physician Orders \*Insurance Cards

PATIENT INQUIRY INTAKE DATA – C 319F  
REVISED (1/2021)

Today's Date: \_\_\_\_\_ Appointment Scheduled: \_\_\_\_\_

▲ Referring Physician or Service Provider	▲ Primary Care Physician
Name:	Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:
Fax:	Fax:
Specialty:	Specialty:

Patient Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_ S.S. #: \_\_\_\_\_  
 DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Sex: \_\_\_ Race \_\_\_\_\_ Ethnicity:  Hispanic/Latino  Not Hispanic or Latino

▲ INSURANCE INFORMATION	Primary Insurance	Secondary Insurance
Name of Company		
Policy Number		

Does patient currently have an open wound(s)?  No  Yes How Many? \_\_\_\_\_ Location(s): \_\_\_\_\_  
 What type of wound(s)? \_\_\_\_\_ Is there drainage?  No  Yes  
 How Long has the wound been present? \_\_\_\_\_

Can the patient sign consent for self?  No  Yes If No, who is DPOA? \_\_\_\_\_  
 Ambulatory Status:  Independent  Assistive Device  Stretcher  Special Equipment to transfer needed

Is the Patient New to MMH System?  No  Yes

**To be completed by Wound Care Center staff:**

How Heard?  Physician  Hospitalist  Emergency Department  Self-Referred  Hospital Partner  Other Clinician:  
 Skilled Nursing Facility  Nursing Home  Home Health  Other Hospital  Other: \_\_\_\_\_

Intake completed by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Packet Mailed:  N/A  Yes

Check box below for the center you are referring to:

- Marietta Memorial Hospital  
401 Matthew Street Marietta, OH 45750  
740.374.1623 (P) 740.568-5355 (F)
- Sistersville Department of Specialty Care: Wound Care  
314 S Wells Street, Suite 100 Sistersville, WV 26175  
304.447.2447 (P) 304.447.2554 (F)
- Belpre Medical Campus  
805 Farson Street, #110 Belpre, OH 45714  
740.423.3208 (P) 740.423.3216 (F)

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