



WOUND CARE CLINIC

ESU - ELECTRICAL STIMULATION ULTRASOUND

1215 US Hwy. 80 E, #700
Pooler, GA 31322
Phone: (912) 998-0040
Fax: (912) 998-0041

New Patient Referral Form

Patient Name: _____ SS#: _____

Address: _____ City: _____ State: _____ Zip: _____

DOB: _____ Age: _____ Sex: _____ Race _____ Phone: _____

Primary Insurance _____ Number _____

Secondary Insurance _____ Number _____

Is Patient diabetic? _____ Does patient have a pacemaker? _____ Does patient have home
health? _____ Is patient ambulatory? _____ Does patient use a wheelchair or walker? _____

Diagnosis:

____ Pressure Ulcer
____ Surgical Wound
____ Traumatic Wound
____ Venous Ulcer

____ Ischemic Wound
____ Diabetic Ulcer
____ Wound Flap
____ Other (_____)

Diagnosis/Wound Location/Comments: _____

Please send with patient or fax: a list of all medications, any recent labs, H&P, and progress notes.

Referring Physician's Name: _____ Phone # _____

Physician's UPIN: _____ Physician's NPI#: _____

Referring Physician's Signatutre _____