WoundDock

CONNECTING PATIENTS TO WOUND CARE

FAX COMPLETED FORM TO
(877) 681-4797

PCP Wound Patient Referral Form

For California Medicare & Medi-Cal Patients Only

Wound Dock provides free referral navigation for California Medicare and Medi-Cal patients.
Matching considers insurance, location, wound type, urgency, and provider availability.

1. PATIENT INFORMATION

Patient Name (First & Last)

Date of Birth (MM/DD/YYYY)

Patient Phone Number

Patient ZIP Code

2. INSURANCE INFORMATION

Primary Insurance

Select...

Medi-Cal Plan / Type (If Applicable)

Select...

Medi-Cal Plan Name (If Known)

Medi-Cal BIC / Member ID (If Applicable)

Medicare Member ID (If Applicable)

Medicare Advantage Plan Name (If Applicable)

Insurance Card Attached?

☐ Front ☐ Back ☐ Not available

3. WOUND INFORMATION

Type of Wound

Select...

Location of Wound

How Long Has the Patient Had the Wound?

Select...

Additional Notes (Optional)

4. URGENCY

Requested Referral Priority

Select...

Priority does not guarantee an appointment timeframe.
This form is not monitored for emergencies.

5. REFERRING PROVIDER / PCP

Provider Name

Practice / Clinic Name

Phone Number

Fax Number (Optional)

Email (Optional)

Address (Optional)

6. RECORDS CHECKLIST

Please include if available:

- ☐ Recent office notes
- ☐ Wound measurements / photos
- ☐ Lab results (if applicable)
- ☐ Current medication list

Other Records / Comments