

Wound Patient Referral Form

For wound patients in all 50 states - all insurance types

WoundDock provides free referral navigation to help connect patients with appropriate wound-care providers. Matching considers insurance, location, wound type, urgency, mobility, and provider availability.

1. PATIENT INFORMATION

Patient Name (First & Last)

Date of Birth (MM/DD/YYYY)

Patient Phone Number

City

State

ZIP Code

3. WOUND INFORMATION

Type of Wound / Diagnosis (If Known)

Location of Wound

How Long Has the Patient Had the Wound?

Additional Notes (Optional)

6. RECORDS CHECKLIST

Please include if available:

- ☐ Recent office / visit notes
- ☐ Wound measurements / photos
- ☐ Relevant labs / imaging
- ☐ Current medication list
- ☐ Current wound-care orders

Other Records / Comments

2. INSURANCE INFORMATION

Primary Insurance / Payer

Plan Name / Type (If Known)

Member / Policy ID

Group # (If Applicable)

Secondary Insurance (If Applicable)

Insurance Card Attached?

- ☐ Front ☐ Back ☐ Not available

4. URGENCY

Requested Referral Priority

- ☐ Routine ☐ Urgent ☐ ASAP

Priority does not guarantee an appointment timeframe.

This form is not monitored for emergencies.

For a medical emergency, call 911 or use emergency services.

5. REFERRING PROVIDER / PRACTICE

Provider / Clinician Name

Practice / Organization Name

Phone Number

Fax Number

Email (Optional)

Best Contact for Referral Updates

SEND THE COMPLETED FORM + AVAILABLE RECORDS

WoundDock will begin referral navigation upon receipt.