

APS WOUND CARE

Knoxville Location

1346 Papermill Pointe Way
Knoxville, TN 37909
Front Desk: (865) 288-8947

Wound Care Referral Fax: (865) 238-4875
Admissions Dept: (865) 558-5942
Medical Records: (865) 558-6939

Please complete the entire form below, incomplete forms will be returned for completion prior to scheduling the patient.

Wound Care Referral Form

Date: Patient Name: D.O.B:

Social Security: Patient Phone Number:

Referring Facility: Referring Provider:
Phone: Fax:

Reason for Referral

☐ Evaluate/Treat for Wound Care ☐ Procedures Only

Referral Diagnosis Description/Code: Are there any existing test results of wounds?
YES NO

Please Submit the Following Documents With Referral

Please note that an appointment will not be scheduled for the patient until our office has received ALL of the following listed below. This helps to give our providers clarity to effectively treat the referred patient.

☐ Demographic Sheet ☐ Copy of Insurance Card ☐ Copy of Photo ID
☐ MRI Report Included ☐ Most Recent Bloodwork (if applicable) ☐ Current Med List & Active Problems List

☐ Last 2 Office Visits with the referral indications, brief assessment and referral order documented in note
☐ Brief history of previous wound care treatment. Include notes/records from previous wound care facility.

Please describe the patients wound and mark the location on the diagram:

Referring Provider Signature

Signature: Date:

