

**HOME AND COMMUNITY CARE SUPPORT SERVICES ERIE ST. CLAIR
SERVICES DE SOUTIEN A DOMICILE ET EN MILIEU COMMUNAUTAIRE
D'ÉRIÉ ST-CLAIR**

Medical Update Request Form - Wound

Physician / Health Care Provider: _____

HCCSS Caseload: _____ Frequency of Visits: _____

Fax completed form to: _____

	Agency	Fax Number
Patient Name: _____	DOB (dd/mm/yy): _____	BRN: _____
Diagnosis: _____		Allergies: _____

Present Status (Completed by Nursing Service Provider):

Wound: New Healing Non-Healing Maintenance **Odour:** Present Absent

Infection: Suspected Present **Osteomyelitis:** Present Absent

Infection Management: Parenteral Oral Antibiotics Antimicrobial Dressing

No. of Dressing Changes/Wk: _____ **Size:** _____ LxWxD (cm) **Pain (0-10):** _____

Location: _____ **ABPI:** Right: _____ Left: _____ **Date (dd/mm/yy):** _____

Exudate: None Scant Small Moderate Large **Type:** _____

Wound Bed: Granulation Slough Eschar Other: _____

Peri Wound Skin: Macerated Erythema Callous Dry and Intact Indurated Denuded

Other: _____

Services Involved: ET (Name of ET): _____ Chiropodist Dietician Social Work

Physiotherapy Occupational Therapy Other: _____

Other Information: _____

Current Treatment Concerns / Requests:

Request: Compression: _____ Offloading Device Antibiotics Vascular Studies

Blood Work ABPI Results Bone Scan/WBC Other: _____

Signature

Print Name / Designation / Title

Agency / Extension

Date (dd/mm/yy)

Physician / Health Care Provider's Response / Orders: Specify wound etiology: _____

Best practice/evidenced based practice (Wound care outside of evidenced based practice may not be eligible for HCCSS services. Treatment will be taught and service reduced when appropriate).

Signature

Print Name / Designation / Title

CPSO / CNO Reg. Number

OHIP Billing Code ¹

Date (dd/mm/yy)

Service Provider Use Only:

Reviewed by Service Provider Initial: _____ Date (dd/mm/yy): _____

¹ Physician use only. Applicable billing as outlined in the Schedule of Benefits for Physician Services under the Health Insurance Act. PS 030a E JN15