

Referral Forms

SERENAGROUP MONTHLY EDUCATION
SEPTEMBER 2020

SerenaGroup
Building the Nation's Leading Wound Care Team

WHY HAVE A REFERRAL FORM IN PLACE?

Community standards of care

Patient requests

Self-education

Patient education, reassurance and motivation

Patients get seen for the right diagnosis within an expected timeframe



REFERRAL STRATEGY



Referral forms are put into place to educate potential referrals about the services we provide

Referral forms are a reminder and removes the barriers to ensure a smooth referral for the patient

Services that are offered from our centers are spelled out, so the referring provider office does not have to spend so much time researching

Referral forms are available at the referring provider office's fingertips; no calling, internet search, memory recollection needed

WOUND CARE & HYPERBARIC MEDICINE PATIENT REFERRAL FORM

The referral form goes into detail to help eliminate questions that the potential referring provider may have initially

This referral form is for both initial wound care and hyperbaric patients

Patient Referral Form

CLINIC NAME, ADDRESS, CITY, STATE, ZIP
Phone: XXXX-XXXX | Fax: XXXX-XXXX | Email: XXXX@XXXX.com

Patient Name: _____ Referring Physician: _____
Date of Birth: _____ Physician Phone: _____
Phone Number: _____ Physician Fax: _____
Primary Insurance Plan & ID #: _____
Secondary Insurance Plan & ID #: _____

Referral Type: Wound Care Hyperbaric Oxygen Therapy Both, if Applicable

Priority Level: Urgent Routine

Does the patient have an open wound? Yes No
Does the patient have a post-op appt? Yes No

Wound Information:

| | |
|-------------------------------------|--|
| Wound Type & Details | |
| Referral Information | |
| Relevant Medical & Surgical History | |
| Relevant Medications | |
| Other Necessary Information | |

Please Check Preferred Physician Below

Dr. A, DPM
 Dr. B, MD
 Dr. C, DO
 Dr. D, MD
 Dr. E, MD
 Dr. F, DPM
 First available at this location

Please fax or email relevant medical records including a copy of the patient's demographic information.
Date: _____

Thank you for referring!

WOUND CARE PATIENT REFERRAL FORM

To be utilized in centers that only offer wound care services.

The referral form goes into detail to help eliminate questions that the potential referring provider may have initially when referring a wound care patient to the Advanced Wound Care Center

Patient Referral Form

CENTER NAME, ADDRESS, CITY, STATE, ZIP
Phone: XXXXX – Fax: XXXXXXX – Email: XXXXXXX

Patient Name: _____ Referring Physician: _____
Date of Birth: _____ Physician Phone: _____
Phone Number: _____ Physician Fax: _____
Primary Insurance Plan & ID #: _____
Secondary Insurance Plan & ID #: _____

Priority Level: Urgent Routine

Does the patient have an open wound? Yes No
Does the patient have a post-op appt? Yes No

Wound Information:

| | |
|-------------------------------------|--|
| Wound Type & Details | |
| Referral Information | |
| Relevant Medical & Surgical History | |
| Relevant Medications | |
| Other Necessary Information | |

Please Check Preferred Physician Below

Dr. A, DPM
 Dr. B, MD
 Dr. C, DO
 Dr. D, MD
 Dr. E, MD
 Dr. F, DPM
 First available at this location

Please fax or email relevant medical records including a copy of the patient's demographic information.
Date: _____

Thank you for referring!

HYPERBARIC REFERRAL FORM

To be utilized in centers that only offer HBO services.

The referral form goes into detail to help eliminate questions that the potential referring provider may have initially

Patient Referral Form

CENTER NAME, ADDRESS, CITY, STATE, ZIP
Phone: XXXXXXX - Fax: XXXXXX - Email: XXXXXX

Patient Name: _____ Referring Physician: _____
Date of Birth: _____ Physician Phone: _____
Phone Number: _____ Physician Fax: _____
Primary Insurance Plan & ID #: _____
Secondary Insurance Plan & ID #: _____

Priority Level: Urgent Routine

Diagnosis:

- Diabetic ulcer of lower extremity (location) _____
(must meet the criteria in the following 2 fields)
 - Patient has Type 1 or 2 diabetes with a foot ulcer
 - Wagner Wound Classification Grade 3, 4, or 5
 - Patient has received 30 days of standard wound care with little to no measurable signs of healing.
- Gangrene
- Chronic refractory osteomyelitis, unresponsive to conventional medical/surgical management
- Progressive necrotizing infection
- Acute peripheral arterial insufficiency
- Failed and/or compromised skin graft or flap
- Osteo chlostridiosis
- Soft tissue radiation necrosis
 - Cystitis
 - Proctitis
 - Enteritis
 - Intestinal necrosis
 - Other radiation damage: _____
- Actinomycosis, only as an adjunct to conventional therapy when the disease process is refractory to antibiotics and surgical treatment
- Other condition: _____

Please fax or email relevant medical records, including a copy of the patient's demographic information.

Date: _____

Thank you for referring!

WHERE DO I FIND THE SERENAGROUP REFERRAL FORMS?

- The SerenaGroup Member's Portal under Education/Resources
- Ask your Program Director for specific referral forms for your center
- Referral forms should be part of the center's Community Education

(888) 960-1343



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MEMBER PORTAL

ALWAYS FOLLOW-UP

When you receive a referral from a referring provider, always follow-up:

- Thank You Note
- Send the Patient's Initial Note from the Wound Care & Hyperbaric Center Provider
- Communication is key!



QUIZ QUESTIONS.....



- 1. Why is it important to have a referral form in place?**
- 2. How many referral forms does SerenaGroup have?**
- 3. Where can you find the SerenaGroup referral forms?**
- 4. What are two ways to follow-up with the referring provider after receiving a patient referral?**

QUIZ QUESTIONS & ANSWERS!

1. Why is it important to have a referral form in place?

- Meeting perceived community standards of care
- Patient requests
- Self-education
- Patient education, reassurance and motivation
- Patients get seen for the right diagnosis within an expected timeframe

2. How many referral forms does SerenaGroup have?

- 3 Referral Forms.
- Wound Care and Hyperbaric Medicine, Wound Care and Hyperbaric

3. Where can you find the SerenaGroup referral forms?

- The Member's Portal under Education/Resources
- Ask your Program Director for specific referral forms for your center

4. What are two ways to follow-up with the referring provider after receiving a patient referral?

- Thank you notes and sending
- Patient initial note from wound care provider

