

New England Wound Care

NEWCare

7 Burnham Street, Ste 2, Turners Falls, MA 01376
238 Northampton Street, Easthampton, MA 01027
201 S. Main Street, Athol, MA 01331

Phone: 413- 475- 3233 Fax: 413- 475-3249

Wound Care Referral

Date: _____
Referred by: _____
Phone: _____ Fax: _____
Primary Care Physician: _____
Phone: _____ Fax: _____

Reason for Referral: _____

Patients name: _____ Date of Birth: _____
Patient's address: _____
Patient's phone number: _____ SSN: XXX-XX-_____
Sex: M/ F Language spoken: _____ Interpreter needed: Yes / No

Insurance

Primary Insurance: _____ Policy Number: _____
Secondary Insurance: _____ Policy Number: _____
Does patient have MEDICAID Yes/No If yes, please provide PCC# _____

Wound Location: _____
Surgical Wound Yes / No If Yes, Date of surgery: _____

Co morbid conditions: (Please circle all that apply)

Diabetes	Cardiovascular disease	Chronic Renal Failure
Immunocompromised	Immobility	Obesity
PVD	Neuropathy	Venous Insufficiency/Stasis

**Please fax completed form along with most recent office notes to
413-475-3249**