

RIVELLO MEDICAL GROUP

MOBILE WOUND CARE SPECIALISTS

Debride • Skin Substitutes • Advanced Dressings • Diabetic Ulcer • Venous Ulcer
Pressure Sores • Mohs Surgery • Draining Wounds

PATIENT INFORMATION

Patient Name: _____

Date of Birth: _____

REFERRING AGENCY

Agency Name: _____

Fax Number: _____

PLEASE ATTACH:

- ☐ Patient Demographics
- ☐ Insurance Information
- ☐ Recent Photograph of the Wound
- ☐ Past 30 Days Progress Notes
- ☐ History and Physical

PAST MEDICAL HISTORY:

- ☐ Autoimmune Disease
- ☐ Connective Tissue Disease
- ☐ Smoking
- ☐ Peripheral Arterial Disease
- ☐ CHF
- ☐ Diabetes
- ☐ Renal Disease

WOUND INFORMATION

Related Diagnosis: _____

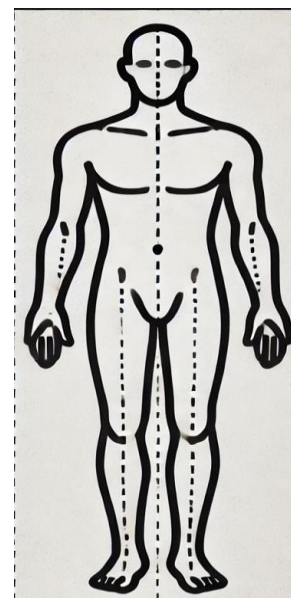
Wound Location (Circle One): _____

Wound Type (Check all that apply):

- | | |
|--------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Diabetic Ulcer | <input type="checkbox"/> Pressure Ulcer |
| <input type="checkbox"/> Surgical | <input type="checkbox"/> Arterial |
| <input type="checkbox"/> Venous Ulcer | <input type="checkbox"/> Post Mohs Surgery |
| <input type="checkbox"/> Tunneling (Y / N) | <input type="checkbox"/> Burn |

Wound Dimensions (cm):

Width: _____ Length: _____ Depth: _____



You may **FAX REFERRALS** to **559-532-0217** or **EMAIL** rivellomedicalservices@gmail.com (Email Preferred)
For inquiries call **760-542-6615**