



HYPERBARIC OXYGEN THERAPY

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www.woundcares.com

Healing is what we do!

REFERRAL FORM

Patient Name: _____ Emergency Contact #: _____ Date: _____

Patient Phone #: _____ Patient Phone DOB: _____ Insurance: _____

No Authorization Required for Referral!

Please submit via fax and our staff will obtain any required records and documentation

DIAGNOSIS HISTORY

Diabetic?

Yes No

INSURANCES ACCEPTED

<input type="checkbox"/> AETNA	<input type="checkbox"/> Emblem Health (GHI)	<input type="checkbox"/> Medicare/Medicaid	<input type="checkbox"/> United Healthcare
<input type="checkbox"/> Affinity (out of network)	<input type="checkbox"/> Fidelis	<input type="checkbox"/> Medicare GHI	<input type="checkbox"/> VNS Choice NY
<input type="checkbox"/> Blue Cross Blue Shield (PPO)	<input type="checkbox"/> Healthcare Partners	<input type="checkbox"/> Metroplus	<input type="checkbox"/> Wellcare
<input type="checkbox"/> Cigna	<input type="checkbox"/> Healthfirst	<input type="checkbox"/> No Fault	<input type="checkbox"/> Worker's Comp
<input type="checkbox"/> Elder Plan	<input type="checkbox"/> HIP	<input type="checkbox"/> Oxford (Freedom)	<input type="checkbox"/> 1199
<input type="checkbox"/> Easy Choice	<input type="checkbox"/> Mediblu	<input type="checkbox"/> The Empire Plan (UHC)	

Mobility

Ambulation
 Wheelchair
 Stretcher
 Upright/Walking

Condition for which therapy is requested (check all that apply):

- Radiation Injury:
 - Osteonecrosis of the Jaw
 - Tooth Extraction (Prevention of Osteonecrosis of Jaw)
 - Radionecrosis of the Brain
 - ENT Radiation Side Effects (tinnitus, lack of saliva, vocal cord damage, torticollis)
 - Radiation Induced Chronic Diarrhea or Chronic Abdominal Pain from GU/GYN Radiation
 - Transverse Myelitis of the Spine (paralysis, hemiparesis, etc.)
- Radiation Proctitis
- Radiation Cystitis
- Radiation Induced Neuropathy
- Radiation Induced Chronic Vaginal Bleeding or pain from GYN Radiation Treatment
- Radiation Induced Capsular Contract (post mastectomy and breast implant)
- Compromised Flaps/Grafts in irradiated wound beds
- Diabetic Lower Extremity Ulcers: Wagner grade III (circle one):
 - Date of Diagnosis: _____ Length of time treated: _____
 - Vascular studies done? Yes No If Yes - Date: _____
- Sudden Idiopathic Sensorineural hearing loss:
 - Date of Onset: _____
- Preparation and preservation of compromised skin graft
- Failed Surgical Flap
- Chronic Osteomyelitis unresponsive to conventional medical/surgical management
 - Date of diagnosis: _____
 - Location: _____
 - Length of time treated: _____
 - Osteo specific treatments: _____
- Crush Injury: acute vascular compromise (including surgical compromise)
 - Cervical, Thoracic, or Lumbar Traumatic Amyotrophy
 - Traumatic Pelvic Fracture

Past Treatments: Please FAX all documentation related to the following:

- Debridement
- Antibiotics
- Status of Diabetes control: Recent HgbA1C
- Moist Dressings
- Off Loading
- Vascular Eval

Physician Name: _____ Signature: _____

Address: _____ Phone: _____ Fax: _____ Date: _____

THE FOLLOWING DOCUMENTATION IS REQUIRED FOR CONSULTATION:

- Current History and Physical
- List of Current Medications
- Chest X-Ray