WRAPAROUND HEALTH SOLUTIONS INC.

Mobile Nursing & Certified Lymphedema Therapy | Ottawa & Surrounding Areas
Fax: 844-738-0838 | wraparoundhealthsolutions.ca

REFERRING PROVIDER INFORMATION

Provider Name			
Clinic / Organization		**Phone**	
Fax		**CPSO # or CNO #**	

PATIENT INFORMATION

Patient Last Name		**First Name**	
Date of Birth		**Health Card Number**	
Phone		**Address**	

SERVICE REQUESTED

☐ Mobile Leg Lab (ABPI / TBI Assessment) ☐ Chronic Edema & Lymphedema Management ☐ Complete Decongestive Therapy (CDT) ☐ Wound Care & Skin Wellness	☐ Ostomy Care & Management ☐ Clinical Case Management ☐ Medical Appointment Navigation Support

CLINICAL INFORMATION

Reason for Referral	
Relevant Comorbidities	
Current Anticoagulants / Medications	
Urgency: ☐ Routine ☐ Urgent ☐ ASAP	**Patient Aware of Referral:** ☐ Yes ☐ No ☐ Consent Obtained

REFERRING PROVIDER SIGNATURE

Printed Name		**Date**	
Signature			

Upon receipt, we will contact your patient directly to schedule an initial assessment. A confirmation communication will be sent to the referring provider once an appointment has been booked.

Please fax completed form to: 844-738-0838 | info@wraparoundhealthsolutions.ca