



Return the Form via:

Phone: 1300 WOUNDS (1300 968 637)

Fax: 07 3059 6030

Post: Wound Innovations, (Ground Floor, Boundary Court) 55 Little Edward Street, Spring Hill QLD 4000

Self-Referral Form

Referrals will be triaged by a member of the clinical team.

***Required Fields.** Incomplete or insufficient information will delay the timely processing of referrals.

This appointment is a referral for:

Spring Hill Clinic*

Telehealth*

Your details:

Title: Family Name*:

Given Name*:

DOB*: dd/mm/yyyy

Gender*: Female Male Other

Address*:

Suburb*:

State:

Postcode:

Email address:

Preferred contact number*:

Clinical Information:

Please describe the current problem/s you are experiencing:

Your medical history (current and/or previous conditions):

Your current medications:

Allergies or relevant clinical alerts:

How did you find out about us? (please write below)

Would you like to receive further information on Wound Innovations? (✓) Please tick

- Yes. I wish to receive regular updates from Wound Innovations including newsletters and information about other services available.
- No. I do not wish to receive further information