Alpine Basin Care – Wound Care, New Patient Referral

Phone: 775-237-4269 Fax: 775-636-7841 E-mail: info@alpinebasincare.com

Patient Name: _____DOB:_____PCP:_____

Referring Provider / HHA: _____

Contact Name: _____Contact Phone:_____

Please Include if Available:

- ☐ Face Sheet with Patient Demographics
- ☐ Insurance Information, please include Insurance Card if possible
- ☐ Allergies & Current Medication List
- ☐ Home Health Start of Care Note (if applicable)
- ☐ Recent Wound Assessments / Clinical Notes / Op Notes
- ☐ Recent Labs or Imaging: ultrasound, ABI, x-ray, cultures, A1C, albumin, total protein, etc. (relevant to wound within last 12 months)

Please reach out with any questions.

Paige Temen, RN, WCC, CSWD-C, WNC-C
Manager
paige@alpinebasincare.com
Office Cell: 775-297-4201

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