PUPIS

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Abertawe Bro Morgannwg University Health Board

Pressure Ulcer Prevention and Intervention Service

Rehabilitation Engineering Unit, Specialist Rehabilitation Centre, Morriston Hospital, Swansea
Tel No. (01792) 703609 Fax No. (01792) 703605 Email. abm.pupis@wales.nhs.uk

Please ensure referral meets the criteria on ABMU intranet Clinical documents (COIN) or via www.abm.wales.nhs.uk/REU

Incomplete forms may be returned

REFERRAL FORM

Patient name:
Address:

(inc. postcode)

Home Tel No:
Mobile Tel No:
Date of birth:
NHS No:

G.P. Name:
Address:

Tel No.:

District Nurse Name:
Address:

Tel No.:

Other healthcare professionals involved:

Is patient aware of referral? Yes ☐ No ☐

Has pressure ulcer been reported to the Health Board? No ☐
Yes - via Datix ☐
Yes - via reg 38 to CSSIW ☐
Yes - via reg 38 to Nurse Assessor ☐

PRESSURE ULCER INFORMATION

Location of pressure ulcer	Category (1, 2, 3, 4, unstageable, SDTI)	Approximate date of onset

Medical History: Wheelchair user? Yes ☐ No ☐

Prescribed medication:

Management of pressure ulcer to date:

Reason for referral:

REFERRER DETAILS

Name (print):
Job title:

Date:

Address
(for correspondence):

Signed:

Telephone number:

☐ *by email / digitally signed*