

Wound Care Shared Care Communication form

Updated communications from:	Communications to:
Patient details:	
Forenames (s):	Last Name:
NHS number:	Gender:
Date of Birth:	Name of any overarching Consultant:
Address (to include postcode):	Name of GP and GP address:
Wound details:	
Wound Type (s):	Wound Location (s):
Updates:	
Updated communication and/or requests:	
Name of completed RGN:	Date and Time of Completion: