



Hyperbaric Medicine Department

1601 Ygnacio Valley Road Walnut Creek, CA 94598

Phone: (925) 947-3212 Fax: (925) 947-3317

REFERRAL FORM

Please complete the following information and Fax to (925) 947-3317

Date: _____

Patient Name: _____ Date of Birth: _____ **(Please Circle) URGENT or ROUTINE**

Address: _____ City: _____ State: _____ ZIP: _____

Patient Home #: _____ Work/Cell #: _____ E-Mail: _____

Emergency Contact: _____ Home/Cell#: _____ Retired? : _____

Employed? FT / PT Employer: _____ Ambulatory, Gurney, Wheelchair, or Walker? _____

Reason for Refferal: _____ Diagnosis: _____

Is the patient a Diabetic? **(Please Circle)** YES or NO

Has this patient ever been a patient at John Muir Medical Center? **(Please Circle)** YES or NO

Is patient currently in SNF (Skilled Nursing Facility)? **(Please Circle)** YES or NO

Name of SNF /Phone #: _____

Is patient currently on Dialysis and if so, frequency? _____ **(Please Circle)** YES or NO

Interpreter needed? Language: _____ Needs Transportation? **(Please Circle)** YES or NO

Patient having any Covid-19 Symptoms? _____ **(Please Circle)** YES or NO

*** Please Note: In addition to this form, we would also like to request the following documentation to be faxed if applicable:** Most recent H & P, Clinical Notes, Lab work, X-Ray Reports, Current Medication List, Patient Demographics, Insurance Card Copies, Vascular/Arterial Studies, most recent Chest X-ray report. Oncology/Radiation Report summary of total dosage patient received. This information will assist us in our efforts to treat your patient.

Primary Insurance*: _____ Secondary*: _____

**If insurance is an HMO or Workers Comp, all appropriate steps must be taken to ensure authorized visits. PCP/Referring Physician must request referral and authorization for Consultation/ Evaluation.*

Referring Physician: _____ **Phone#:** _____ **Fax#:** _____

Primary Care Physician: _____ **Phone#:** _____ **Fax#:** _____

HBO Indications

Undersea & Hyperbaric Medical Society (UHMS):

Non-Wound

1. Air or gas embolism
2. Carbon monoxide poisoning and carbon monoxide poisoning complicated by cyanide poisoning
3. Decompression illness/ sickness
4. Severe anemia
5. Intracranial abscess
6. Central retinal artery occlusion
7. Idiopathic sudden sensorineural hearing loss

Wound

8. Clostridial myositis and myonecrosis (gas gangrene)
9. Crush injury, compartment syndrome, and other acute traumatic ischemias
10. Arterial insufficiencies: Enhancement of healing in selected problem wounds
11. Necrotizing soft tissue infections
12. Osteomyelitis (refractory)
13. Late Effects of Radiation (soft tissue and bony necrosis)
14. Compromised grafts and flaps
15. Acute Thermal Burn Injury

Centers for Medicare & Medicaid Services (CMS):

1. Acute carbon monoxide intoxication,
2. Decompression illness,
3. Gas embolism,
4. Gas gangrene,
5. Acute traumatic peripheral ischemia,
 - HBO therapy is a valuable adjunctive treatment to be used in combination with accepted standard therapeutic measures when loss of function, limb, or life is threatened.
6. Crush injuries and suturing of severed limbs,
 - As in the previous conditions, HBO therapy would be an adjunctive treatment when loss of function, limb, or life is threatened.
7. Progressive necrotizing infections (necrotizing fasciitis),
8. Acute peripheral arterial insufficiency,
9. Preparation and preservation of compromised skin grafts (not for primary management of wounds),
10. Chronic refractory osteomyelitis, unresponsive to conventional medical and surgical management,
11. Osteoradionecrosis as an adjunct to conventional treatment,
12. Soft tissue radionecrosis as an adjunct to conventional treatment,
13. Cyanide poisoning,
14. Actinomycosis, only as an adjunct to conventional therapy when the disease process is refractory to antibiotics and surgical treatment
15. Diabetic wounds of the lower extremities in patients who meet the following three criteria:
 - a. Patient has type I or type II diabetes and has lower extremity wound that is due to diabetes;
 - b. Patient has a wound classified as Wagner grade III or higher; and
 - c. Patient has failed an adequate course of standard wound therapy.