

- Patients usually contacted and seen within **5-7 days**.
- Please provide appropriate **analgesics** to bring and use in the clinic appointment.
- If **sedation** is required, please contact Plastic Surgery on-call.

Please Print Clearly

**REFERRING PHYSICIAN / PROVIDER INFORMATION**

Printed Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Address- Street: \_\_\_\_\_

Referral Date: (yyyy/mm/dd): \_\_\_\_\_  
 OHIP Billing Number: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_

**PATIENT INFORMATION**

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

Date of Birth: (yyyy/mm/dd) \_\_\_\_\_  
 Health Card # \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

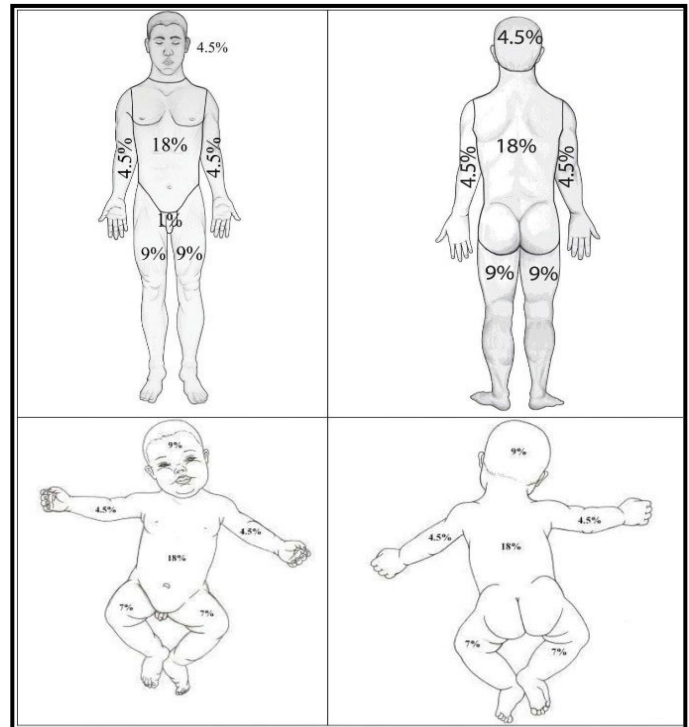
Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Are Interpreter Services Required?  No  Yes → Language \_\_\_\_\_

**PHYSICIAN / PROVIDER ASSESSMENT:**

1. Total Burn Surface Area (TBSA) \_\_\_\_\_ %  
 Note: only partial thickness burns (2<sup>nd</sup> degree) or higher to be included in TBSA calculation. If TBSA greater than 10% partial thickness or greater than 5% full thickness, send/refer to Sick Kids, Toronto.
2. Depth of burn e.g. superficial, partial thickness, full thickness. \_\_\_\_\_
3. Location of burn(s) Circle affected areas on diagram. For deeper burns to face, hands, feet, genitalia, perineum and or major joints, send/refer to Sick Kids, Toronto.
4. Mechanism of burn e.g. scald, contact, thermal, friction (e.g. treadmill). For inhalation, chemical or electrical burns, send/refer to Sick Kids, Toronto.  
 \_\_\_\_\_
5. Td immunization status \_\_\_\_\_
6. Cool water applied to burned area after injury occurred:  No  Yes
7. Treatment/dressing applied (topical antimicrobial, non-adherent dressing such as petrolatum gauze with gauze roll to secure is suggested, minimize tape).  
 \_\_\_\_\_

**Lund and Browder Chart**



8. Issues/concerns: \_\_\_\_\_

