

## Application form for negative pressure wound therapy

This application form is for when a member needs negative pressure wound therapy.

We will only consider funding requests from the member's treating doctor, who must complete the application form. Applications from a nurse or the manufacturer will not be accepted.

### How to complete this form

1. Complete with black ink and print clearly
2. To avoid administrative delays, please provide all the requested information, include colour photographs as requested to support this application, and sign the form
3. Please send the form and photographs to us via e-mail at [clinical@bankmed.co.za](mailto:clinical@bankmed.co.za)

### 1. Patient's details

Surname

First name(s)

Age   Membership number

### 2. Proposed treatment facility details

Home treatment \_\_\_\_\_

In-hospital facility's practice number

Out-patient facility's practice number

### 3. Current medical status

Medical condition: \_\_\_\_\_

ICD-10 code:

**Co-morbidities:**

Diabetes mellitus  Peripheral vascular disease

Other \_\_\_\_\_

Medicine \_\_\_\_\_

### 4. Current wound assessment

ICD-10 code:  Date wound first occurred

Diabetic ulcer  Delayed healing or non-healing of surgical wound  Acute or traumatic wound  Chronic wound  Pressure ulcer

Enterocutaneous fistula  Partial thickness wound  Post orthopaedic surgical wound  Sub-acute wound  Venous ulcer

Other \_\_\_\_\_

**Site of wound:** \_\_\_\_\_

**Size of wound:**

Length: \_\_\_\_\_

Width: \_\_\_\_\_

Depth: \_\_\_\_\_

Volume: \_\_\_\_\_

**Tissue viability:** \_\_\_\_\_

Inflammation/infection: \_\_\_\_\_

Moisture balance: \_\_\_\_\_

Edge (surrounding skin) : \_\_\_\_\_



