



Referral preparation checklist

For clinicians, home-health agencies, and discharge teams

Call first to confirm fit and the approved referral route.

This is a preparation guide, not a submission form. The website does not accept patient information, records, or wound photographs.

☐ Patient and callback information

Patient identifiers, an appropriate callback contact, and caregiver relationship or authorization when needed.

☐ Location and care setting

The proposed visit location and whether care is requested at home, in a nursing facility, or in another setting.

☐ Reason for referral

Wound location, duration, recent changes, current treatment, and the clinical question or follow-up need.

☐ Relevant clinical information

Medication list, allergies, pertinent history, and applicable discharge, surgical, or wound-care instructions.

☐ Coverage requirements

Insurance information and any referral or authorization requirements, sent through an approved channel.

☐ Referring team contact

The referring clinician or agency and a reliable contact for questions and coordination.

Confirm the handoff.

Continue appropriate care until acceptance and next steps are confirmed. A phone call or prepared checklist is not a confirmed appointment or accepted referral.

Where Healing Meets Innovation.

Prime Heal is operated by Primeheal Wound Care LLC.

For a medical emergency, call 911. Send records only through the practice's approved secure channel.