Wound Care Patient Assessment Intake Form

MEDICAL HISTORY REVIEW OF SYSTEM FORM

DATE:_____NAME:_____DATE OF BIRTH_____

OF CHILDREN:_____ TOBACCO USE: YES/NO HOW MUCH? _____ /DAY HOW LONG? DATE QUIT_____

ALCOHOL USE: HOW MUCH PER DAY?_____ CAFFEINE (COFFEE, TEA, COLAS) PER DAY_____

PAST ILLNESSES OF YOURSELF AND FAMILY:

YOU	FAMILY		YOU	FAMILY		YOU	FAMILY	
☐	☐	ALCOHOLISM	☐	☐	HIGH BLOOD PRESSURE	☐	☐	STROKE
☐	☐	ANEMIA	☐	☐	KIDNEY DISEASE	☐	☐	SUICIDE ATTEMPT
☐	☐	ASTHMA	☐	☐	LIVER DISEASE	☐	☐	THYROID DISEASE
☐	☐	CANCER/TUMOR	☐	☐	HEPATITIS	☐	☐	TUBERCULOSIS, TB
☐	☐	DIABETES	☐	☐	LUNG DISEASE	☐	☐	ULCER IN GI TRACT
☐	☐	DRUG ABUSE	☐	☐	MENTAL ILLNESS	☐	☐	VENEREAL DISEASE
☐	☐	DEPRESSION	☐	☐	OSTEOARTHRITIS	☐	☐	HIGH CHOLESTEROL
☐	☐	EPILEPSY/SEIZURES	☐	☐	OSTEOPOROSIS	☐	☐	HIV/IMMUNE DX
☐	☐	GLAUCOMA	☐	☐	PHLEBITIS	☐	☐	OTHER_____
☐	☐	HEART DISEASE	☐	☐	RHEUMATIC ARTHRITIS			

PAST SURGICAL HISTORY: (PLEASE INCLUDE DATES)

REVIEW OF SYSTEMS (PLEASE CHECK EACH ITEM "YES" OR "NO" AS THEY RELATE TO YOUR HEALTH):

CONSTITUTIONAL:	YES	NO
Weight Loss	☐	☐
Fatigue	☐	☐
Fever	☐	☐
EYES:		
Glasses/Contacts	☐	☐
Eye Pain	☐	☐
Double Vision	☐	☐
Cataracts	☐	☐
EAR, NOSE, THROAT:		
Difficulty Hearing	☐	☐
Ringing in Ears	☐	☐
Vertigo	☐	☐
Sinus Trouble	☐	☐
Nasal Stuffiness	☐	☐
Frequent Sore Throat	☐	☐
CARDIOVASCULAR:		
Murmur	☐	☐
Chest Pain	☐	☐
Palpitations	☐	☐
Dizziness	☐	☐
Fainting Spells	☐	☐
Shortness of Breath	☐	☐
Difficulty lying Flat	☐	☐
Swelling Ankles	☐	☐
ENDOCRINE:		
Loss of Hair	☐	☐
Heat/Cold Intolerance	☐	☐

RESPIRATORY:	YES	NO
Cough	☐	☐
Coughing Blood	☐	☐
Wheezing	☐	☐
Chills	☐	☐
GASTROINTESTINAL:		
Heartburn/Reflux	☐	☐
Nausea/Vomiting	☐	☐
Constipation	☐	☐
Change in BMs	☐	☐
Diarrhea	☐	☐
Jaundice	☐	☐
Abdominal Pain	☐	☐
Black or Bloody BM	☐	☐
GENITOURINARY:		
Burning/Frequency	☐	☐
Nighttime	☐	☐
Blood in Urine	☐	☐
Erectile Dysfunction	☐	☐
Abnormal Discharge	☐	☐
Bladder Leakage	☐	☐
ALLERGIC/IMMUNOLOGIC:		
Hives/Eczema	☐	☐
Hay Fever	☐	☐
PSYCHIATRIC:		
Anxiety/Depression	☐	☐
Mood Swings	☐	☐
Difficult Sleeping	☐	☐

HEMATOLOGY/LYMPHY:	YES	NO
Easy Bruising	☐	☐
Gum Bleed Easily	☐	☐
Enlarged Glands	☐	☐
MUSCULOSKELETAL:		
Joint Pain/Swelling	☐	☐
Stiffness	☐	☐
Muscle Pain	☐	☐
Back Pain	☐	☐
SKIN:		
Rash/Sores	☐	☐
Lesions	☐	☐
Itching/Burning	☐	☐
NEUROLOGICAL:		
Loss of Strength	☐	☐
Numbness	☐	☐
Headaches	☐	☐
Tremors	☐	☐
Memory Loss	☐	☐

SIGNATURE/REVIEWING PHYSICIAN _____

Wound Care Patient Assessment Intake Form

PATIENT WOUND

My patient is ☐ male ☐ female who has presented to our facility for treatment of _____ wound ulcer ICD-10 code_____on 02 23 2024 date.

Patients' medical history is as follows: Non healing wound on the lower left leg for more than_____ ☐ days ☐ months ☐ years per patient and has not responded to care.

Throughout that period **conservative care** has failed my patient, along with advance therapies such as oral, IV antibiotics, daily wound dressing, and debridement's. More aggressive treatments are medically necessary to prevent further damage such as amputation of limb(s), infection, sepsis, and possible death.

30-day Conservative Wound Treatment

☐ Hydrogel ☐ ADB Pads ☐ Santyl ☐ Silver Calcium Alginate Dressing
☐ Promgran Matrix Wound Dressing ☐ Duoderm Dressing ☐ Meplix Dressing
☐ Medihoney
☐ Other listed_____

Chronic Conditions

Walks with cane	yes ☐	no ☐
Wheelchair	yes ☐	no ☐
Bed bound	yes ☐	no ☐
Requires assistance	yes ☐	no ☐

Smoking status	yes ☐	no ☐
Counseling given	yes ☐	no ☐

Plan of care:

Patient may need weekly application for _____weeks.

It is my belief that my patient will benefit from _____treatment to both expedite (his/hers) wound healing process and minimize future healthcare cost.

_____is dehydrated human bioactive split thickness allograft membrane designed to be used as a covering for acute and chronic wounds.The body of literature on chronic wounds widely recognizes the role of the split thickness as an effective wound covering and has demonstrated significant improvement over standard care.

_____has all _____layers of the biologic tissue and maintains the physiologic 3D architecture of the natural barrier membrane and many growth factors and cytokines.

e_____has many growth factors, glycoproteins. It is donated by human tissue and is **approved by FDA**. It is prepared aseptically produced.

I believe_____is medically necessary for my patient's medical condition.

Plan/Recommendations

Follow up and assess wounds_____week. Apply_____to wound(s) on _____ weekly.

Wound Care Patient Assessment Intake Form

NAME:_____DATE_____DOB_____AGE_____

PROGRESS NOTE

CC:_____

_____

Previous Health History Read and Reviewed Today. ☐ **Yes.** ☐ **No.**

General Appearance:_____

Constitutional: Height:_____**Weight:**_____**BP:**_____**P:**_____

Resp:_____**Temp:**_____

EYES_____ upper/lower lids. conjunctiva neg ery/inject/hem PEARL;EOMI Iris are equal no exudates or vessel changes noted

ENT_____ ext exam WNL;EAC clear and cerumen; TM intact w/ neg ery/retraction/bulge; hearing wnl to speech ext exam no lesions; PMM w/o discharge, turbinate neg for swelling no septal deviations PMM of pharynx; lips/teeth/gums/tonsils reveal no erythema or lesions; hard/soft palate no lesions

NECK_____neg masses/lymphadenopathy; trachea midline; thyroid neg mass/enlargement/tenderness carotid artery Is WNL without bruits or venous distention

CV_____HRRR w/o murmer, S1, S2 detected aortic arch reveals no bruits; no problems w/ carotid, fem, AA

LUNGS____resp effort reveals no intercoastal retract/use of accessory m/abnormal diaphragmatic movement; CTA with no rubs or abnormal breath sounds; no pectus excavatum or other deformity

ABD_____no signs of masses or tenderness, palp of liver/spleen w/ no enlargement; BS x4; no abd hernia

EXT_____ intact, neg PTE, varicosities; fem/pedal pulses palpable

GEN M____scrotal exam no hydrocoele/sperimatocoele/tenderness of core/or mass; no inguinal hernias; no penile mass; patient is uncircumcised

RECT_____anus/perineum/rectum WNL; sphincter tone good: no hem/rectal masses seen or palp; (M) prostate WNL; HEMOCCULT:_____negative_____positive_____. If positive _____ instructions_____

SKIN_____normal, no unusual lesion on inspection/palpation noted:_____benign abnormal lesions_____

NEURO___ CN II-x intact, +2/4 DTR, sensation intact

LYMPH____neg nodes in the neck/axilla/groin

MUSCULOSKELTAL _____neg gait/station, digits/nail WNL
_____neg asym/crepit/tenderness/masses; good ROM, neg pain/dislocation/sublux; muscle tone/strength good; neg some days; no abnormal movements

PSYCH____judgement/insight, OX3, good recent/remote memory/neg mood/affect

OTHER FINDINGS: _____

_____

_____

ASSESSMENT: 1)_____

2)_____

3)_____

PLAN:_____ EKG_____ CXR-2V_____ PFT_____ PFT C&S BRONCO_____
OMT C,L,T,R_____ UA_____ UA w/microailb_____ HEMOCCULT_____
HEMOCCULT x3_____ BLOOD ORDERED_____

TREATMENT: _____

_____

_____

RETURN ORDERS:_____

_____

PHYSICIAN SIGNATURE:_____

Wound Assessment Form (Complicating Clinical Factors)

Facility

Resident Name

Health Care Insurance/Medicare

Address

Phone

DOB

Insurance/Medicare #

Braden Score: **Braden Risk:**
Advanced to next level of risk due other major risk factors:
❑ **Yes** ❑ **No** **See page 2 Complicating Factors**

Gender

Physician Name

Date Wound ID'd ____ ____ ____ □ New Wound
□ Recurrence-Same etiology/same location
□ Date of Last Recurrence:

LOCATION: (Describe anatomically: i.e. L-trochanter)

Etiology
□ Pressure □ Venous
□ Arterial □ Neuropathic
□ Surgical □ Other:_____
Mixed (describe)_____

Depth of Tissue Destruction (Only stage pressure ulcers/injuries)
Non-Pressure Injury **Pressure Ulcer/Injury:**
□ Partial □ Stg 1 □ Stg 2 □ Stg 3 □ Stg 4 □ DPTI
□ Full-thickness □ **Unstageable:** (check reason below)
□ Non-removable dressing/device
□ Slough/eschar; □ Deep tissue pressure injury

Measurements (cm)
L _____cm W_____cm D_____cm
If utd, describe why:_____
Undermining or Tunneling (cm)
U / T _____cm @_____o'clock
U / T _____cm @_____o'clock

Exudate
Amount: □ None; □ Scant/Min; □ Mod; □ Hvy/Copious
Consistency: □ Serous
□ Sanguineous/bleeding
□ Serosanguineous
□ Purulent
Odor*: □ None; □ Min.; □ Mod.; □ Strong/foul
**Assess after dressing removal & cleansing*

Wound Bed
Tissue Type/Color & percent
□ Epithelial Tissue (Stage 1, DTPI, or resurfaced [closed])
□ Dermal Tissue (Pink/Red) *Partial or Stage 2 PU/PI
□ Granulation: _____%
□ Pink, Red; Healthy
□ Pale Pink/Red; hypogranular tissue
□ Hypergranulation tissue
□ Red, Friable (fragile/bleeds) and/or Dusky
□ Necrotic:_____%
□ Slough (white/yellow/gray)
□ Eschar (intact/stable)
□ Eschar (unstable/fluctuant/mushy/boggy)
□ Other: (eg. tendon/muscle/bone)_____

Pain
□ None □ Yes: Intensity Rating (1-10)_____
Location: _____
Nature/Type Radiate/local_____
□ Chronic wound pain
□ Cyclical acute wound pain (eg. dressing change)
□ Noncyclical wound pain (eg. debridement)
Frequency: _____
Local/systemic Rx? □ None
□ Yes (Describe Rx)_____

Wound Healing Status
PuSH Score:_____
Clinically Presenting as:
□ Acute *or* □ Chronic, *and:*
□ Progressing well; as expected
□ Stable wound bed maintained, per goal
□ Plateau, stalled but healing expected
□ ↑size noted s/p debridement activity
□ ↑exudate noted s/p debridement activity
□ ↑necrotic tissues as DTPI now declared
□ Declining *(See Infection/Critical Colonization box)*

Infection/Critical Colonization
□ None or n/a □ Yes, the following noted:
Localized s/s:
□ Non-healing
□ Exudate↑
□ Red-friable
□ Debris
□ Smell/Odor
□ New onset of pain
□ Pain > than expected
Systemic s/s:
□ Size↑
□ Temperature↑
□ Osteo (probes to bone)
□ New satellite wound
□ Exudate↑
□ Erythema/Edema
□ Smell/Odor
□ Culture: _____ □ Biopsy:_____
**Initiate localized or systemic Rx if 3 or more criteria noted per NERDS or STONES lists.*

Wound Edges/Periwound
Wound Edges/Margins
□ Edge epithelializing
flush w/wound base
□ Edge attached to base
□ Edge not attached to base
□ Well defined wound edges
□ Irregular wound edges
□ Epiboly/Rolled
□ Hyperkeratotic (callous)
□ Fibrotic, scarred
□ Other
Periwound Tissues
□ Intact/Uninvolved tissues
□ Macerated
□ Inflamed/Erythematic
□ Indurated/Firm
□ Fluctuance/Boggy tissue
□ Excoriated/Denuded
□ Deep red/purple hue (DTPI)
□ Sclerotic tissue
□ Other-e.g. weeping, dry, rash, blister

Other related factors…
□ None
□ Yes*-Clinically complicating factors noted
**Continue documentation onto pg 2 of wound assessment form. (Other considerations for tx.)*

Noninvasive Vascular Tests for Lower Extremity
Pedal Pulses:
□ Dorsalis pedis: □ Present; □ Absent; □ Diminished; □ Bounding
□ Posterior tibialis: □ Present; □ Absent; □ Diminished; □ Bounding
□ Capillary Refill: □ < 3s; □ > 3s
□ Rubor of Dependency: □ Negative; □ Positive
□ Venous Filling Time Test: _____s
□ ABI Screening Results: _____
□ Other: _____
□ N/A _____

Wound Assessment - Evidence of wound improvement or deterioration includes measurable changes in the following:
□ ↓↑Drainage □ ↓↑Inflammation □ ↓↑Swelling/Edema □ ↓↑Pain/tenderness □ ↓↑Wound Size (LxWxD) □ ↓↑Size of Undermining/Tunneling
□ ↓↑Granulation % □ ↓↑Necrotic %
□ No improvement noted s/p 30 days; (NOTE: Consider new approach including MD reassessment of underlying infection, metabolic, nutritional, or vascular problems that may be inhibiting wound healing, or a new treatment approach including selection of dressing(s), dressing combination and/or Frequency of Change.

Treatment Plan
Debridement Type: □ n/a
□ Autolytic □ Enzymatic
□ Mechanical: (ex) wet-to dry _____
□ Surgical □ Sharp □ Other_____

Topical Rx: □ None □ Yes, _____
Systemic Rx: □ None □ Yes, _____
Incontinence POC: □ n/a □ Yes
Pressure redistribution device: □ n/a □ Yes _____

Dressing Change Plan
Frequency: □ Daily □ 3X/wk
□ 2X/day
□ Other:_____

Therapeutic Goals/Clinical Rationale

Dressing Change Protocol:

Referral Recommendations:
□ Vascular consult □ Nutrition consult;
□ Infectious disease □ Psych/counseling-resident/family
□ PT; □ OT; □ SLP; □ Other _____

Other Interventions:
□ NPWT; □ E-stim; □ Other modalities/interventions:_____

Wound Assessment Form (Complicating Clinical Factors)

Resident Name:

Complicating Clinical Factors	Details - Identify variables/factors impacting resident's condition or ability to progress towards wound closure
□ Age	□ > 65 years of age
□ Chronicity	□ Stage 2 or Partial Thickness Wound w/o evidence of expected healing by 1-2 weeks □ Stage 3, 4 or Full Thickness Wound w/o expected reduction in size following 2-4 weeks of therapy
□ Cognitive status	□ Dementia □ Other Cognitive Impairment:
□ Comorbidities	□ Diabetes □ PAD □ ESRD □ Malignancy □ Anemia □ Other: □ Thyroid Disease □ CHF □ Immune Deficiency Dx:
□ Incontinence	□ Urinary □ Fecal □ Both □ Other Condition (ie, Cdiff):
□ Location	□ Pelvic/sacral region; prone to urine/feces contamination; □ Atypical wound location □ Difficult to dress location □ At vulnerable pressure point (sacrum, heels, coccyx, trochanters, ischial tuberosity, occiput)
□ Medications	□ Rx affecting immune system, host defenses and/or skin integrity (Corticosteroids, immunosuppressives, sedatives, anticancer Rx, antiembolic/anticoagulant Rx) □ Other:
□ Mobility Impairment/ Repositioning & increased risk for friction/shear	□ Impaired Mobility and/or decreased functional ability due to: □ Condition(s) preventing repositioning/pressure redistribution (contractures, severe arthritis)
□ Sensory deficits/ neurosensory conditions	□ Reduced Braden Sensation Perception Score □ Neurological Disease/Condition: (ie Parkinson's disease, Peripheral Neuropathy, Spasticity, Multiple Sclerosis, CVA) □ Other similar neurologic conditions:
□ Nutrition/hydration deficits	□ Presence of Malnutrition □ Presence of Dehydration □ Skin Turgor _____ □ Lab Values if available: Albumin_____ Prealbumin_____; Creatinine_____; BUN_____
□ Pain	□ Presence of wound related Pain □ Pain Rating/Intensity: Pain Type: □ Intermittent □ Constant
□ Poor Prognosis	□ Terminal Disease □ Systemic Infection □ Other: □ Maintenance Goal Appropriate to Implement: e.g. Palliative Care
□ Psychosocial/ Behavioral Issues	□ Refusal of care and/or treatment □ Poor adherence to interventions □ Behavior r/t dementia, delirium or psychosis, **depression;** fear of falling
□ Skin-Integrity impairment	□ Advanced Age related skin changes □ Other skin condition or alterations (ie, dermatitis, skin tears, moisture associated skin damage): □ h/o wound at same location; Include Dates of Recurrences if known :
□ Vascular/ Cardiovascular condition	□ Impaired diffuse/systemic blood flow (Cardiovascular disease/condition, CHF, DM, general atherosclerosis): □ Impaired localized blood flow (PVD: ie LE arterial/venous insufficiency, DM, or edema) □ Other:
□ Wound decline/ complications	□ h/o or currently presenting with Cellulitis or Osteomyelitis □ Other s/s of decline:
□ Other barriers to examination, healing, or altered tissue tolerance or integrity.	□ Non-removable dressing/device limits monitoring of wound status/progress □ Identified at Mod or High Risk for PU/PI (Braden/Other risk assessment tool) □ ↑Bioburden/Critical Colonization ☑ Infection □ Other unmodifiable factors that impair wound healing: Describe below.

Other Clinically Complicating Factors / Other Comments

Medical Professional's Signature: _____ **Date:** _____

Print Name and Title: _____ **NPI #:** _____

Physician's Signature: _____

Physician's Name (Print): _____ **Phone:** _____

Physicians Address: _____ **Fax:** _____