Beaumont

WOUND TREATMENT CENTER

CHIEF COMPLAINT

Where is your wound?

How long have you had it? How did it start?

What type of dressing change / treatment are you doing?

Do you currently have home care nurse? ☐ Yes ☐ No Are you staying in a care facility? ☐ Yes ☐ No

PAIN Do you have pain? ☐ Yes ☐ No ☐ Severity 1-10 Scale (10 most severe) _____

Location Constant ☐ Intermittent ☐ Sharp ☐ Burning

What relieves your pain?

NUTRITION Height_____ Weight_____

Any changes in your appetite? ☐ Yes ☐ No ☐ Recent weight loss ☐ Weight gain

Are you Diabetic? ☐ Yes ☐ No What was blood sugar result today? HgA1C result

MEDICATION ALLERGIES and **CURRENT MEDICATIONS** will be reviewed with the nurse

What pharmacy do you use?

Are you on blood thinners? ☐ Yes ☐ No ☐ Do you take insulin? ☐ Yes ☐ No ☐

Are you on an Antibiotic? ☐ Yes ☐ No ☐ Name _____

PAST MEDICAL HISTORY

Yes	No		Yes	No		Yes	No		Yes	No	
		Diabetes			Vein problems			Kidney failure			MS
		Hypertension			Blood clots			Cancer			Paralysis
		CHF			PAD			Arthritis			

SURGICAL HISTORY

SOCIAL HISTORY

Have you **ever** smoked? ☐ Yes ☐ No Current amount/day When did you stop?

Do you drink alcohol? ☐ Yes ☐ No Have you ever injected street drugs? ☐ Yes ☐ No

Do you live alone? ☐ Yes ☐ No Who helps you? Current Employment?

REVIEW OF SYSTEMS Have you had any of the following within the past month?

Yes	No		Yes	No		Yes	No		Yes	No	
		Chest pain			Fever/Chills			Diarrhea			Numbness
		Short of breath			Fatigue			Urinary problems			Weakness
		Cough			Rash			Incontinence			Depression

RISK ASSESSMENT

Do you ever feel any person physically or emotionally threatens or abuses you? ☐ Yes ☐ No

Do you have any difficulties performing your normal activities of daily living? ☐ Yes ☐ No

Have you fallen or tripped at home within the past 3 months? ☐ Yes ☐ No

Are you feeling down, depressed, or hopeless? ☐ Yes ☐ No

DISCLOSURE OF MEDICAL INFORMATION

Identify person(s) to whom disclosure can be made:

Identify person(s) to whom you object to disclosure of medical information:

Signature **Date**