

*Please have nursing staff complete the following and fax to the wound clinic at (605) 655-1711.*

**Patient Name:** \_\_\_\_\_ **Patient's DOB:** \_\_\_\_\_ **Consultation Date:** \_\_\_\_\_

1. What caused this wound(s)? (Example—trauma, pressure (include staging), venous, arterial, diabetes).
2. How long has the wound been present? Date occurred?
3. What treatments have been utilized?
4. Have previous treatments been effective? Which treatment has shown to be most effective?
5. History of previous wounds?
6. Location of the wound(s): Identified proper anatomical location.
7. Shape of the wound(s) (i.e. Round, jagged, irregular, linear).
8. Wound measurement. Always measure and document in this order: Length, width, and depth. Please document in centimeters. Depth is measured by the distance from visible surface to the deepest area of the wound. Please label multiple wounds numerically.
9. Describe the tissue types in the wound noting characteristics, color, consistency, adherence, and amount.
10. Describe drainage present.
11. Is there an odor to the wound? If so please describe.
12. Wound pain? If so please rate on a 1-10 scale.
13. Observations and surrounding tissue. (I.e. erythema, edema, induration, fluctuance, crepitus, texture, maceration, etc.).