

Cape Cod Health Care Wound Care Center – General

Patient Name: _____ E-mail: _____

Referring Physician: _____ Primary Care Physician: _____

Wound Information:

Where is wound? _____ How long have you had wound? _____

How did wound occur? _____

Current Treatment: _____

List previous treatments: _____

Who does your wound care? Self Family Nursing Agency: _____ Other: _____

Wound is: Improving Getting Worse Staying the same Has healed before

Has your wound been cultured to check for infection? No Yes, Date: _____ Result: _____

Have you had related x-rays/scans/imaging: No Yes; What? _____ Where? _____

If the wound is on your legs/foot:

Do you have pain in your legs/feet at rest? No Yes

Do you have buttock, thigh, or calf pain with walking? No Yes

Have you had vascular (blood flow) testing on your legs? No Yes If yes, where? _____

Do you wear compression stockings? Yes No

If this is a pressure injury, what measures are being taken to keep pressure off the area (special mattress, cushion, etc)?

Rate your pain (On scale from 0 [no pain] to 10): _____ Describe pain: _____

Are you taking pain medication? No Yes: What?: _____

Are you on any blood thinners (Coumadin, Plavix, Eliquis, Pradaxa)? No Yes: What?: _____

Are you on any steroids (ie Prednisone)? No Yes Dose: _____

Additional Information:

Do you use tobacco? No Yes; how much? _____ If you quit smoking, when _____

Do you use alcohol? No Yes; how much? _____

Occupation: _____

What pharmacy do you use? _____

Past Medical History: (check any that apply)

- Anemia
- Bleeding disorder
- Sickle cell disease
- HIV
- Aspiration
- Asthma
- COPD
- Oxygen Dependence
- Pulmonary Embolism (clot in lungs)
- Angina
- Arrhythmia
- Atrial Fibrillation
- Coronary Artery Disease
- Heart Attack
- Congestive Heart Failure
- Hypertension (high blood pressure)
- Hypotension (low blood pressure)
- Lymphedema (leg swelling)
- DVT (blood clot in legs): Right or Left
- Peripheral Venous Disease (Vein issues)
- Varicose Veins
- Phlebitis (Inflammation of veins)
- Vasculitis
- Peripheral Arterial Disease
- Stroke
- Cirrhosis
- Hepatitis
- Colitis/Crohns
- Thyroid Disease
- Diabetes
 - o Last A1C: _____
 - o How often do you check sugars: _____
 - o Blood Sugar Range: _____
- Kidney Problems
- Dialysis
- Lupus
- Reynaud's Syndrome
- Scleroderma
- Rheumatoid Arthritis
- Osteoarthritis
- Gout
- History of Burn
- Dementia
- Neuropathy
- Paraplegia
- Quadriplegia
- Skin Cancer
- Other Cancer:
 - o Site: _____
 - o Radiation: Yes No
 - o Chemotherapy: Yes No

List All Surgeries:

Date: _____ Procedure: _____

Date: _____ Procedure: _____

Please check any that apply currently:

Recent change in appetite

Fever

Chills

Fatigue

Unexpected weight change

Decreased Hearing

Change in vision

Difficulty swallowing

Voice changes

Chest tightness

Cough

Shortness of breath

Wheezing

Chest pain

Leg swelling

Palpitations

Abdominal pain

Abdominal bloating

Bleeding from rectum

Blood in the stool

Constipation

Diarrhea

Incontinence of stool

Nausea

Vomiting

Difficulty urinating

Painful urination

Urinary frequency

Blood in urine

Incontinence of urine

Muscle aches

Joint pain

Joint swelling

Difficulty walking

Back pain

Rash/skin problems

Food allergies

Immune compromised

Dizziness

Headaches

Lightheadedness

Numbness in feet or hands

Seizures

Difficulty speaking

Fainting spells

Tremors

Weakness of arms or legs

Bruising/bleeding easily

Agitation

Confusion

Decreased Concentration

Hallucinations

Hyperactivity

Self injury

Trouble sleeping

Ideas of suicide