## Cape Cod Health Care Wound Care Center – General

### 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 buttocsk, 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
  - Last AIC: ___________
  - How often do you check sugars: ___________
  - 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:
  - Site: ___________
  - Radiation: Yes No
  - Chemotherapy: Yes No

List All Surgeries:

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Do Not Scan
Please check any that apply currently:

Recent change in appetite  Blood in urine
Fever  Incontinence of urine
Chills  Muscle aches
Fatigue  Joint pain
Unexpected weight change  Joint swelling
Decreased Hearing  Difficulty walking
Change in vision  Back pain
Difficulty swallowing  Rash/skin problems
Voice changes  Food allergies
Chest tightness  Immune compromised
Cough  Dizziness
Shortness of breath  Headaches
Wheezing  Lightheadedness
Chest pain  Numbness in feet or hands
Leg swelling  Seizures
Palpitations  Difficulty speaking
Abdominal pain  Fainting spells
Abdominal bloating  Tremors
Bleeding from rectum  Weakness of arms or legs
Blood in the stool  Bruising/bleeding easily
Constipation  Agitation
Diarrhea  Confusion
Incontinence of stool  Decreased Concentration
Nausea  Hallucinations
Vomiting  Hyperactivity
Difficulty urinating  Self injury
Painful urination  Trouble sleeping
Urinary frequency  Ideas of suicide