

IMPORTANT CLUES FOUND IN THE PATIENT'S HISTORY	SIGNIFICANCE TO THE PATIENT'S WOUND
General history	
Age and sex	Leg ulcers more common in older women; some rheumatic diseases more common in women
Duration of wound	Acute: less than one week Subacute: one week to four weeks Chronic: more than four weeks
History of recurrence	Venous ulcers likely to be recurrent
History of previous DVT	Predisposing factor to venous disease
Previous vein surgery or pelvic trauma	Indicative of venous disease
Intermittent claudication	Indicative of arterial disease
Rest pain	Indicative of arterial disease
Systemic symptoms	Indicative of a systemic disease leading to ulcers
Arthralgia	Associated with some ulcers associated with systemic disease

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Social history	
Smoking	Predisposes to or worsens arterial disease
Alcohol	Vitamin deficiency
IV drug use	HIV or ulcers related to IV drug use

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Past medical history	
Diabetes	Wound could be related to neuropathy or arterial disease associated with diabetes
Connective tissue disease	Wound could be related to vasculitis, pyoderma gangrenosum, cryoglobulinemia
Sickle cell disease	Increased risk of small vessel occlusion
Dietary history	Some dietary deficiencies common in a vegetarian diet; poor nutrition and obesity influence healing
Drug history	Steroids delay healing; hydroxyurea interferes with healing
Travel history or geographic location of patient	For example, leprosy still remains a common cause for non-healing wounds in India; spider bites are only endemic in the south, western, and midwestern areas of the United States.
Allergies	Contact dressings, bandages and ointments can add to existing skin damage