CLIENT NAME: DOB: ADDRESS:	TYPE OF WOUND and LOCATION					
ALLERGIES (Including Dressing Products)						
DATE:						
Wound Bed Condition (100%)						
Epitheliation						
Healthy Granulation						
Slough						
Black/Brown Nectrotic tissue						
Over Granulating						
Fungating/Malignant						
Mixed Tissue (Bone/Tendon/Ligament)						
Amount & Colour of Exudate						
None						
Low						
Moderate						
Heavy						
Size Of Wound						
Width (W)						
Length (L)						
Depth (D)						
Undermining/Tracking						
Odour	**YES/NO**	**YES/NO**	**YES/NO**	**YES/NO**	**YES/NO**	**YES/NO**
Wound Pain	**YES/NO**	**YES/NO**	**YES/NO**	**YES/NO**	**YES/NO**	**YES/NO**
Pain Score (1 - 10)						
Infection						
Nil						
Suspected						
Swab sent (Date)						
Infection Cofirmed						
Condition of Surronding Skin						
Healthy/Intact						
Dry/Cracked						
Discoloured						
Fragile						
Macerated						
Eczematous						
Oedematous						
Excoriated						
Wound Mapped (attach grid)	**YES/NO**	**YES/NO**	**YES/NO**	**YES/NO**	**YES/NO**	**YES/NO**
Wound Photographed	**YES/NO**	**YES/NO**	**YES/NO**	**YES/NO**	**YES/NO**	**YES/NO**
Updated Management Plan	**YES/NO**	**YES/NO**	**YES/NO**	**YES/NO**	**YES/NO**	**YES/NO**
Cleansing Solution						
Primary Dressing						
Secondary Dressing						
Fixation Method/Bandaging						
Others:(Barrier Prep/adhesive remover)						
Frequency of Dressing Change						
Reassessment Frequency: Weekly, Monthly						
Referral Required? Please specify:						
Assessment Completed by (Print & Sign)						