

Phone: (770) 614-6266 Fax: (678) 392-4827

Patient Questionnaire

Patient Full Name: Date of Birth:				
Address: Contact Phone:				
Married Widowed SIngle				
Do you have a home health agency that visits you? Yes No				
Name of Agency: Phone Number:				
Person's Name from the Home Health Agency:				
Do you have a caregiver that lives in your home with you? Yes No				
Caregiver's Name:Phone Number:				
Do you have any of the following conditions?				
Diabetes Other:				
Congestive Heart Failure				
Hypertension				
Peripheral Vascular Disease				
Other: Explain in text box				
What activities are you able to do by yourself?				



Fax: (678) 392-4827

Patient Questionnaire Continued

Are you a smoker? Yes No (if YES, how many cigarettes per day?)
Do you consume alcohol or illicit drugs? Yes No
If YES, what do you consume, how much and how often?
How often do you bathe or shower?
Can you drive? Yes No Do you have transportation? Yes No
How active are you? Very active (I can take care of all my needs by myself daily) moderately active (I can take care of some of my daily activities) Immobile (I cannot take care of any of my needs)
What kind of diet are you following? What do you regularly eat for:
Breakfast:
Lunch:
Dinner:



Fax: (678) 392-4827

Pre-Treatment Questionnaire

How long have you had the wound(s) and how long without progress or change?
What concerns you about your wounds?
What concerns you about your day to day living?
In what areas do you need help?
What caused the initial wounding event? Did the wound occur suddenly (Trauma, insect bite) or gradually develop over time (neuropathic foot ulcer, venous leg ulcer)?



Phone: (770) 614-6266 Fax: (678) 392-4827

Details about the wound

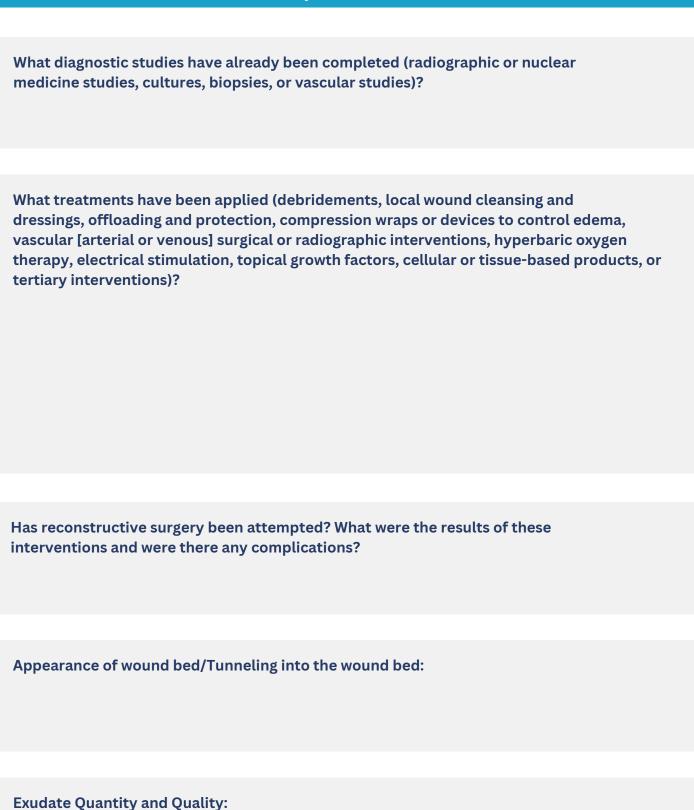
Is this the first wound at this location or a recurrent wound or pattern of wounding?
Is the wound painful, and if so, what is the character and nature of the pain?
What causes the wound to get better or worse (precipitating or ameliorating factors)?
Has the patient has chills, fever, or night sweats?
Is there any history of unusual environmental or occupational exposures? Recent travel?
Does the patient have a known underlying disease (diabetes mellitus, collagen vascular disease, peripheral arterial occlusive disease, or chronic venous insufficiency), which will

be evaluated in more detail during the patient assessment section?



Phone: (770) 614-6266 Fax: (678) 392-4827

Description of wound





Phone: (770) 614-6266 Fax: (678) 392-4827

Description of wound continued

Edge of the wound and surrounding skin (periwound):				
Undermining of the wound edge:				
Assessment of infection:				
Wound grading and classification, if applicable:				
Why is the wound not healing?				
An inability to heal may be due to local factors or systemic factors or both. Local factors may include:				
Repeated external trauma because of inappropriate offloading Foot deformity causing abnormal pressure areas Uncontrolled edema Injury from use of toxic substances Inappropriate measures for exudate control	Presence of foreign bodies Hematoma Formation Undebrided wound/ necrotic or non-viable tissue Poor blood supply Hypoxia			



Phone: (770) 614-6266 Fax: (678) 392-4827

Patient Observations

Mental Status or Cognitive Impairment:
Pain (visual):
Position/Mobility:
Comorbidities:
Ethnicity:
Social/Family Support:
Social issues/alchohol/smoking:
Nutritional Status:



Last Physical: _____

1186 Satellite Blvd., Suite 200, Suwanee, GA 30024 records@vacwoundcarespecialists.com

Phone: (770) 614-6266 Fax: (678) 392-4827

Medical History Medications: Allergies: **Surgeries: ER Visits: Family History: Family History:** PCP:



Phone: (770) 614-6266 Fax: (678) 392-4827

Medical History Continued

Any other specialists: If so, please give hame, address, & phone humber.
Notes Notes
Any other pertinent information: