# Patient Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: Procedure Date:

***Diagnosis:***  Diabetes  Type 1  Type 2

Venous Stasis Ulcer  Right Leg  Left Leg  Bilateral Leg

Pressure Ulcer  Location:

Stage:

### Lab Results:

HbAlC result (last 90 days) Date of Lab:

Pre-Albumin/Albumin results Date of Lab:

If Applicable: CBC  H&H \_\_\_\_\_\_\_\_\_ Sed Rate \_\_\_\_\_\_\_\_ CRP \_\_\_\_\_\_\_\_

Culture Date \_\_\_\_\_\_\_\_ Treated: Y or N

### Wound Description and Location

\_\_\_ Location of ulcer

\_\_\_  Full Thickness  Partial Thickness

\_\_\_ Duration of ulcer

\_\_\_ Exposed Structures:  Muscle  Tendon  Bone

\_\_\_ Total square centimeters (\_\_\_\_ L x \_\_\_\_ W**)**;Depth \_\_\_\_

\_\_\_ Evidence of active infection or osteomyelitis  Yes  No

\_\_\_ Evidence of necrotic tissue  Yes  No

\_\_\_ Active Charcot deformity or major structural abnormality  Yes  No

\_\_\_ Known or suspected malignancy of ulceration?  Yes  No

### Adequate Circulation with Diagnostic Testing: (If Applicable)

\_\_\_\_\_\_\_\_\_\_\_\_ ABI Result: \_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_ Pedal pulses Result: \_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_ TcPO2 with results ≥30 mmHG; Result: \_\_\_\_\_\_\_\_Date:

\_\_\_\_\_\_\_\_\_\_\_\_ Doppler arterial waveforms which are Triphasic or Biphasic at the ankle of

the affected leg  Yes  No Result: \_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_ Imaging:  X-Ray  CT Scan  MRI

# Patient Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: Procedure Date:

***Related Procedures and Conservative Treatment Measures For Past 30 Days*** (Check Applicable)

Debridement of necrotic tissue was performed  Yes  No

Application of dressings to maintain a moist wound environment  Yes  No

Non-weight bearing regimen  Yes  NoType: \_\_\_\_\_\_\_\_

Uses pressure-reducing footwear  Yes  No

Used Standard compression therapy for venous stasis ulcers  Yes  No  N/A if non VSU  Current HBOT  Yes  No

Smoking Status {Smoker, Previous Smoker, Non-Smoker)

If Smoker, has patient been counselled on smoking cessation?  Yes  No

Is Patient receiving radiation therapy or chemotherapy  Yes  No

Is Patient taking medications considered to be immune system modulators  Yes  No

Does Patient have an autoimmune connective tissue disease diagnosis  Yes  No

If pressure ulcer present what leading type:  Bed  Wheel Chair Cushion

Physician/ Podiatrist Signature: Date:

This form is recommended to be used as a checklist or additional clinical documentation and not to replace the provider's current medical record forms/systems.