

**WOUND CARE OUTPATIENT CLINIC
PHYSICIAN FOLLOW-UP**

Date:

Time:

*Patient
Label*

Physician																																																																					
Staff																																																																					
Chief Complaint					Reason		Supervision																																																														
					<input type="checkbox"/> Follow-Up <input type="checkbox"/> New Problem <input type="checkbox"/> Change in Symptoms <input type="checkbox"/> Telephone		<input type="checkbox"/> Directly ONA <input type="checkbox"/> Personally <input type="checkbox"/> RBV0																																																														
General Appearance																																																																					
Care To or From?			PAIN		VITALS		ROS	POS	NEG																																																												
	Current				BP		Fever																																																														
Med List Reviewed	Worst				Pulse		Chills																																																														
	Best				Resp		Pain																																																														
Patient Arrival	Acceptable				Temp		Other:																																																														
	Location:				Pain																																																																
Departure Disposition					Ht																																																																
					Wt																																																																
<table border="1"> <thead> <tr> <th></th> <th>neg</th> <th>pas</th> <th>Comments</th> </tr> </thead> <tbody> <tr><td>Head and Face</td><td></td><td></td><td></td></tr> <tr><td>Musculoskeletal</td><td></td><td></td><td></td></tr> <tr><td>Eyes</td><td></td><td></td><td></td></tr> <tr><td>ENT</td><td></td><td></td><td></td></tr> <tr><td>Neck</td><td></td><td></td><td></td></tr> <tr><td>Cardiovascular</td><td></td><td></td><td></td></tr> <tr><td>Abdomen</td><td></td><td></td><td></td></tr> <tr><td>Back</td><td></td><td></td><td></td></tr> <tr><td>Genitalia</td><td></td><td></td><td></td></tr> <tr><td>Neurologic</td><td></td><td></td><td></td></tr> <tr><td>RUE</td><td></td><td></td><td></td></tr> <tr><td>LUE</td><td></td><td></td><td></td></tr> <tr><td>RLE</td><td></td><td></td><td></td></tr> <tr><td>LLE</td><td></td><td></td><td></td></tr> </tbody> </table>											neg	pas	Comments	Head and Face				Musculoskeletal				Eyes				ENT				Neck				Cardiovascular				Abdomen				Back				Genitalia				Neurologic				RUE				LUE				RLE				LLE			
	neg	pas	Comments																																																																		
Head and Face																																																																					
Musculoskeletal																																																																					
Eyes																																																																					
ENT																																																																					
Neck																																																																					
Cardiovascular																																																																					
Abdomen																																																																					
Back																																																																					
Genitalia																																																																					
Neurologic																																																																					
RUE																																																																					
LUE																																																																					
RLE																																																																					
LLE																																																																					

WOUND CARE OUTPATIENT CLINIC PHYSICIAN FOLLOW-UP

DECISION MAKING

Studies	Dx

Labs	Dx

Today's Treatment	Dx
Cleanser	
Primary	
Secondary	
Compression	

Hyperbarics	
	# of TX
Begin with	
Continue with	
Diagnosis	

Authorization

Goals
Aggressive
Palliative
Salvage

Comments
GOALS:

WOUND CARE OUTPATIENT CLINIC PHYSICIAN FOLLOW-UP

Procedure Note		
Patient Name		Date of Service
Problem #1		Procedure
Problem #2		Procedure
Problem #3		Procedure
Problem #4		Procedure
Problem #5		Procedure
Problem #6		Procedure

Band"ging	
Strapping or Unna Boot	
Multi-layer Venous Compression	
Multi-layer: Foot, Ankle, Thigh, and Leg	
Multi-layer: Upper Arm and Forearm	
Multi-layer: Upper Arm, Forearm, Hand, and Fingers	

Biopsy	
Skin, Subcut, or Mucous Membrane	
Puncture Aspiration; Abscess, Hematoma, Bulla or Cyst	

Incision & Drainage	
Abscess; Simple	
Abscess; Complicated or Multiple Sites	
Hematoma, Seroma, or Fluid Collection	
Pilonidal Cyst; Simple	
Pilonidal Cyst; Complicated	

Debridement	
Skin or Debris	
Subcut Tissue	
Muscle or Fascia	
Bone	

Counseling	
Casting	
Removal	
Application	

Incision & Removal	
NPWT	
Semi-Synthetic Skin	
Location:	

**WOUND CARE OUTPATIENT CLINIC
PHYSICIAN FOLLOW-UP**

Procedure Comments

Physician Signature _____ Date _____ Time _____