

# Taylor Regional Hospital Wound Healing Center

## History & Physical

Patient Name: \_\_\_\_\_

Patient Phone #: \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Chief Complaint: \_\_\_\_\_

History of present illness: \_\_\_\_\_

Where is your wound? \_\_\_\_\_

\_\_\_\_ Left \_\_\_\_ Right

When occurred \_\_\_\_\_

How occurred \_\_\_\_\_

Primary MD: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Referring MD: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone #: \_\_\_\_\_

Home Health: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Allergies: None \_\_\_\_ Latex \_\_\_\_ Medications: \_\_\_\_\_

Wound History: Antibiotics \_\_\_\_\_ Offloading \_\_\_\_\_

Topical Treatment \_\_\_\_\_ Surgical Treatment \_\_\_\_\_

*Patient sticker will be placed here*



**General Health:**

Vaccines: Influenza \_\_\_\_ Pneumonia \_\_\_\_ Tetanus \_\_\_\_

Eyes: Cataracts \_\_\_\_ Macular Degeneration \_\_\_\_  
Glaucoma \_\_\_\_ Blurred Vision \_\_\_\_  
Retinopathy \_\_\_\_ Blindness \_\_\_\_  
Glasses \_\_\_\_

Ear, Nose, Throat: Sinusitis \_\_\_\_ Hearing Loss \_\_\_\_ Wearing Hearing Aids \_\_\_\_  
Dentures \_\_\_\_ Missing Teeth \_\_\_\_ Hoarseness \_\_\_\_

Cardiovascular: Congestive Heart Failure \_\_\_\_ Coronary Artery Disease \_\_\_\_ Hypertension \_\_\_\_  
Murmur \_\_\_\_ Heart Attack \_\_\_\_ Pacemaker/Defibrillator \_\_\_\_ Leg Edema \_\_\_\_  
Varicose Veins \_\_\_\_ Palpitations \_\_\_\_ Angioplasty \_\_\_\_ Lymphedema \_\_\_\_  
Stents \_\_\_\_ Peripheral Artery Disease \_\_\_\_ Intermittent Claudication \_\_\_\_  
Rest Pain in Legs \_\_\_\_

Respiratory: Asthma \_\_\_\_ Chronic Obstructive Pulmonary Disease (COPD) \_\_\_\_  
Emphysema \_\_\_\_ Pneumonia \_\_\_\_  
Pneumothorax \_\_\_\_ Tuberculosis \_\_\_\_  
Oxygen Use \_\_\_\_ Upper Respiratory Infection \_\_\_\_  
Hemoptysis \_\_\_\_ Shortness of Breath \_\_\_\_  
Sleep Apnea \_\_\_\_

Gastrointestinal: Reflux Disease GERD \_\_\_\_ Eating Disorder \_\_\_\_  
Jaundice \_\_\_\_ Nausea/Vomiting/Diarrhea \_\_\_\_  
Bowel Incontinence \_\_\_\_ Difficulty Swallowing \_\_\_\_  
Gastric Ulcers \_\_\_\_ Change Bowel Habits \_\_\_\_  
Hepatitis \_\_\_\_ Duodenal Ulcers \_\_\_\_  
Pancreatitis \_\_\_\_ Diverticular Disease \_\_\_\_  
Ulcerative Colitis \_\_\_\_ Gallbladder Disease \_\_\_\_  
Crohn's Disease \_\_\_\_

Urinary/Genital: Dialysis \_\_\_\_ Frequency \_\_\_\_ Hematuria \_\_\_\_  
Kidney Stones \_\_\_\_ Urgency \_\_\_\_ Dysuria \_\_\_\_  
Pregnant \_\_\_\_ End Stage Renal Disease \_\_\_\_ Urinary Incontinence \_\_\_\_  
Foley Catheter \_\_\_\_ Sexually Transmitted Disease \_\_\_\_  
Benign Prostatic Hypertrophy \_\_\_\_



Musculoskeletal: Arthritis (Osteoarthritis) \_\_\_\_ Rheumatoid Arthritis \_\_\_\_  
Gout \_\_\_\_ Fracture \_\_\_\_ Hip Fracture - Left \_\_\_\_ Right \_\_\_\_  
Other \_\_\_\_\_  
Amputation: Above Knee \_\_\_\_  
Below Knee \_\_\_\_  
Other \_\_\_\_\_  
Assistive Device: Cane \_\_\_\_ Wheelchair \_\_\_\_ Walker \_\_\_\_

Skin: Lesions \_\_\_\_ Rash \_\_\_\_ Mass \_\_\_\_

Neurologic: Head Trauma \_\_\_\_ Dizziness \_\_\_\_ Stroke \_\_\_\_  
Loss Protective Sensation \_\_\_\_ Multiple Sclerosis \_\_\_\_ Numbness \_\_\_\_  
TIA \_\_\_\_ Tingling \_\_\_\_ Vertigo \_\_\_\_  
Tremors \_\_\_\_ Parkinson's \_\_\_\_ Seizures \_\_\_\_  
Headaches \_\_\_\_ Paraplegia \_\_\_\_ Quadriplegia \_\_\_\_  
Weakness Left Side \_\_\_\_ Right Side \_\_\_\_

Psychiatric: Alzheimer's \_\_\_\_ Anxiety \_\_\_\_ Dementia \_\_\_\_  
Insomnia \_\_\_\_ Depression \_\_\_\_ Memory Loss \_\_\_\_  
Bipolar \_\_\_\_ Claustrophobia \_\_\_\_ Schizophrenia \_\_\_\_

Endocrine: Thyroid Disease \_\_\_\_ Type I Diabetes \_\_\_\_ Type II Diabetes \_\_\_\_  
Insulin Dependent \_\_\_\_ Steroid Use \_\_\_\_ Adrenal Disease \_\_\_\_  
Heat Intolerance \_\_\_\_ Cold Intolerance \_\_\_\_ DMI Insulin Use \_\_\_\_

Hematology Anemia: Iron Deficiency \_\_\_\_ Sickle Cell \_\_\_\_  
Blood Loss \_\_\_\_ Hyper-Cholesterol/Lipids/Triglycerides \_\_\_\_  
B12 \_\_\_\_ Chronic Disease \_\_\_\_  
Bleeding Disorder \_\_\_\_ Blood Transfusion \_\_\_\_

Immune: Lupus \_\_\_\_ Raynaud's Disease \_\_\_\_ Rheumatoid Arthritis \_\_\_\_

Oncology/Cancer: Type: \_\_\_\_\_  
Radiation \_\_\_\_ Chemotherapy \_\_\_\_

Miscellaneous: Alcohol Use \_\_\_\_ Tobacco Use \_\_\_\_  
Transportation Concerns \_\_\_\_ Unable to Care of Self \_\_\_\_

Surgery Medical History: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Family History:    Cancer \_\_\_\_\_                      Kidney \_\_\_\_\_                      Stroke \_\_\_\_\_  
                          Diabetes \_\_\_\_\_                      Lung \_\_\_\_\_                      Thyroid Disease \_\_\_\_\_  
                          Heart Disease \_\_\_\_\_                      Mental Illness \_\_\_\_\_                      TB - Tuberculosis \_\_\_\_\_  
                          HTN \_\_\_\_\_                      Seizures \_\_\_\_\_                      Other \_\_\_\_\_

Social:    Substance Abuse \_\_\_\_\_    Never \_\_\_\_\_    Occupation \_\_\_\_\_  
Alcohol Use: Never \_\_\_\_\_    Rarely \_\_\_\_\_    Daily \_\_\_\_\_    Quit \_\_\_\_\_  
Married \_\_\_\_\_    Single \_\_\_\_\_    Divorced \_\_\_\_\_    Widowed \_\_\_\_\_    Children \_\_\_\_\_  
Tobacco Use \_\_\_\_\_    Never \_\_\_\_\_    #of packs per day \_\_\_\_\_    Quit smoking \_\_\_\_\_  
Illicit Drug Use: Heroin \_\_\_\_\_    Cocaine \_\_\_\_\_    Marijuana \_\_\_\_\_  
Transportation concerns \_\_\_\_\_    Unable to Care of Self \_\_\_\_\_

Medication List:

<u>Drug</u>	<u>Dose</u>	<u>Frequency</u>

