

Center for Advanced Wound Care New Patient Questionnaire Page 1 of 6

These questions are general screening questions designed to identify areas where additional attention may be required. Please bring this form to your appointment. Thank you.

Patient Name:		Weight:	Height:		
Date of Birth:Pr	Birth: Primary Care Physician, phone #:				
Pharmacy (name, phone #, addr	ess):				
Home Health (Agency and phone	e #):				
Which physician sent you to the	wound care clinic?				
What specialties are you seeing fo	r your medical care (c	ardiologist, endocrinolo	ogist, nephrologist, etc.)		
Name and Address of Resident	or Facility. Example:	nursing home, resident	ial care home:		
Name of caregiver (if applicable):		Relation	ıship:		
Phone number of caregiver:					
Reason for today's visit (chief co	omplaint):				
When did you become aware of th	is problem:				
Where is your wound/injury located	d:				
Do you have someone to help you	ou with wound care	at home? 🗆 Yes 🗆 N	No		
If yes, who?		Phone number:			
How did you get here: ☐ Car	☐ Ambulance	☐ Outreach			
Ambulance phone number:		Outreach phone nu	ımber:		
Do you have any allergies (pleas	se list)?				
Food Penicillin Sulfa Iodine Aspirin Novocaine Codeine Adhesive Tape Latex Other:	No / Yes				



Center for Advanced Wound Care New Patient Questionnaire Page 2 of 6 **Medications:** Please list all medications you take. Please include name, dosage, and how often you take the medication. Medication Purpose Dosage/Amount How often Are you taking any blood thinning medication: \square Yes \square No **Surgeries:** List previous hospitalizations, major surgeries, serious injuries, and approximate dates: Past Medical History: Check YES or NO for any significant conditions that apply Ν Date of Υ Ν Date of Onset Onset _____ Hay Fever/Sinus Problems Anemia Asthma/Bronchitis/Emphysema _____ Heart Problems **Arthritis** _____ Hepatitis Bleeding/Bruising/Blood Disorder _____ High Blood Pressure Cancer (type) _____ Immune Disorder Depression _____ Kidney Disorder _____ Liver Disease **Diabetes** Insulin Injection Dependent _____ Stroke Non-Insulin Dependent _____ Thyroid Disease _____ Tuberculosis (TB) Drug Abuse/Alcohol Dependency

_____ Stomach Ulcers

Epilepsy/Seizures



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Do you have a pacemaker or defibrillator? ☐ Yes ☐ No
Have you noticed any lumps or bumps? State location:
Other (describe):
Have you had previous treatment with or exposure to radiation: $\ \square$ Yes $\ \square$ No
Family History: List health problems in your family: Age Medical Problems If deceased, cause of death
Father
Mother
Siblings
Spouse
Children
Grandparents
Social History:
Tobacco use: ☐ Yes ☐ No
Cigarettes: Pack(s) per day: How many years: If you quit, when?
Other tobacco use: Amount per day: How many years: If you quit, when?
Alcohol use: Yes No If yes, how much?
Do you use any drugs other than prescribed or over the counter medication? $\ \square$ Yes $\ \square$ No
If yes, please list:
Do you eat a balanced diet? ☐ Yes ☐ No Is your weight stable? ☐ Yes ☐ No
Indicate any other important information the doctor should know:
Marital status/Relationship:
Who currently lives at home with you?



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Review of Systems:

Do you presently have any problems or symptoms in the following areas? If yes, give an explanation.

Change in appetite	Constitutional:	Yes	No	Gastrointestinal:	Yes	No
Recurrent fever, chills, sweats Fatigue Frequent nausea/vomiting Vomiting blood Frequent daurhea Constipation Painful bowel movements Black or bloody stool Black or bloody stool Black or bloody stool Glaucoma Rectal bleeding Abdominal pain Ear/Nose/Mouth/Throat: Change in hearing Recent nose bleeds Burning with urination Chronic sinus problems Mouth sores Frequent sore throats Voice changes Asthma or wheezing Breathing problems Presuments Respiratory: Asthma or wheezing Breathing problems Prenumonia Rearlovascular: Heart trouble or heart attack Chest pain or angina Swelling of feet, ankle, or hands Blood clots Burning with urination Chronic sinus problems Change in force of stream when urinating Respiratory: Scrotal masses Women: Prostate trouble Pain/problems with period Abnormal uterine bleeding Uterine tumors Change in memory or concentration	Good health			Change in appetite		
Fatigue Frequent nausea/vomiting Vomiting blood Frequent diarrhea Constipation Painful bowel movements Blarred or double vision Change in vision Glaucoma Rectal bleeding Abdominal pain Ear/Nose/Mouth/Throat: Change in hearing Ringing in ears Recent nose bleeds Chronic sinus problems Mouth sores Frequent sore throats Voice changes Asthma or wheezing Breathing problems Coughing up blood Chronic cough Presument anusea/vomiting Vomiting blood Prequent diarrhea Constipation Painful bowel movements Black or bloody stool Rectal bleeding Abdominal pain Genitourinary: Blood in urine Burning with urination Change in force of stream when urinating Sexually transmitted disease Change in sexual function or interest Men: Prostate trouble Scrotal masses Women: Pain/problems with period Abnormal uterine bleeding Uterine tumors Neurological: Headaches Headaches Numbness or tingling sensations Weakness or paralysis Change in memory or concentration Swelling of feet, ankle, or hands Blood clots	Recent weight changes			Severe heartburn		
Vomiting blood Frequent diarrhea Frequen	Recurrent fever, chills, sweats			Bleeding ulcers		
Frequent diarrhea Frequent diarrhea Frequent diarrhea Constipation Painful bowel movements Frequent diarrhea Painful bowel movements Frequent diarrhea	Fatigue			Frequent nausea/vomiting		
Constipation Painful bowel movements				Vomiting blood		
Blurred or double vision Change in vision Glaucoma Black or bloody stool Rectal bleeding Abdominal pain Ear/Nose/Mouth/Throat: Change in hearing Ringing in ears Recent nose bleeds Chronic sinus problems Mouth sores Frequent sore throats Voice changes Respiratory: Asthma or wheezing Breathing problems Coughing up blood Chronic cough Pain/problems Rear to death attack Chest pain or angina Shortness of breath Palpitations Pain/dub owel movements Black or bloody stool Rectal bleeding Rectal bleeding Rectal bleeding Rectal bleeding Abdominal pain Rectal bleeding Rectal bleeding Abdominal pain Rectal bleeding Abdominal pain Rectal bleeding Blood in urine Burning with urination Change in force of stream when urinating Sexually transmitted disease Change in force of stream when urinating Sexually transmitted disease Change in sexual function or interest Men: Prostate trouble Scrotal masses Women: Pain/problems with period Abnormal uterine bleeding Uterine tumors Neurological: Headaches Numbness or tingling sensations Weakness or paralysis Convulsions or seizures Change in memory or concentration Change in memory or concentration Change in memory or concentration	Eyes:			Frequent diarrhea		
Change in vision Glaucoma Rectal bleeding Abdominal pain Ear/Nose/Mouth/Throat: Change in hearing Recent nose bleeds Chronic sinus problems Mouth sores Frequent sore throats Voice changes Asthma or wheezing Breathing problems Reaping problems Respiratory: Asthma or wheezing Breathing problems Coughing up blood Chronic cough Pneumonia Cardiovascular: Headaches Heart trouble or heart attack Chest pain or angina Swelling of feet, ankle, or hands Blood clots Resting problems Rectal bleeding Abdominal pain Rectal bleeding Burning with urination Change in force of stream when urinating Senually transmitted disease Change in sexual function or interest Men: Prostate trouble Scrotal masses Wewmen: Prostate trouble Scrotal masses Wemen: Prostate trouble Scrotal masses Women: Pain/problems with period Abnormal uterine bleeding Uterine tumors Neurological: Headaches Numbness or tingling sensations Convulsions or seizures Change in memory or concentration	Wear glasses/contacts			Constipation		
Rectal bleeding	Blurred or double vision			Painful bowel movements		
Abdominal pain Ear/Nose/Mouth/Throat: Change in hearing Ringing in ears Recent nose bleeds Recent nose bleeds Chronic sinus problems Mouth sores Frequent sore throats Voice changes Respiratory: Respiratory: Respiratory: Respiratory: Respirating problems Respiratory: Respiratory or sexual function or interest Respiratory or interest Voice of stream when urinating Respiration or interest Respiratory or concentration Respiratory or sexual function or interest Respiration or interest Respiratory or interes	Change in vision			Black or bloody stool		
Ear/Nose/Mouth/Throat: Change in hearing Ringing in ears Recent nose bleeds Chronic sinus problems Mouth sores Frequent sore throats Voice changes Asthma or wheezing Breathing problems Change in force of stream when urinating Pain/problems Coughing up blood Chronic cough Pneumonia Cardiovascular: Heart trouble or heart attack Change in sexual function or interest Women: Prostate trouble Scrotal masses Women: Pain/problems with period Abnormal uterine bleeding Uterine tumors Neurological: Headaches Numbness or tingling sensations Weakness or paralysis Convulsions or seizures Change in memory or concentration Swelling of feet, ankle, or hands Blood clots	Glaucoma			Rectal bleeding		
Change in hearing Ringing in ears Recent nose bleeds Chronic sinus problems Mouth sores Frequent sore throats Voice changes Asthma or wheezing Breathing problems Chronic cough Pneumonia Change in hearing Respiratory: Cardiovascular: Heart trouble or heart attack Change in hearing Genitourinary: Blood in urine Burning with urination Change in force of stream when urinating Sexually transmitted disease Change in sexual function or interest When: Prostate trouble Scrotal masses Women: Pain/problems with period Abnormal uterine bleeding Uterine tumors Neurological: Headaches Numbness or tingling sensations Weakness or paralysis Convulsions or seizures Change in memory or concentration Swelling of feet, ankle, or hands Blood clots				Abdominal pain		
Ringing in ears Recent nose bleeds Chronic sinus problems Mouth sores Frequent sore throats Voice changes Respiratory: Asthma or wheezing Breathing problems Chronic cough Pneumonia Cardiovascular: Heart trouble or heart attack Chest pain or angina Shortness of breath Recent nose bleeds Burning with urination Change in force of stream when urinating Sexually transmitted disease Change in sexual function or interest Men: Prostate trouble Scrotal masses Women: Pain/problems with period Abnormal uterine bleeding Uterine tumors Neurological: Headaches Numbness or tingling sensations Weakness or paralysis Convulsions or seizures Change in memory or concentration Swelling of feet, ankle, or hands Blood clots	Ear/Nose/Mouth/Throat:					
Recent nose bleeds Chronic sinus problems Change in force of stream when urinating Sexually transmitted disease Change in sexual function or interest Change in sexual function or interest Change in sexual function or interest Men: Prostate trouble Scrotal masses Asthma or wheezing Breathing problems Coughing up blood Chronic cough Pneumonia Cardiovascular: Heart trouble or heart attack Chest pain or angina Shortness of breath Palpitations Swelling of feet, ankle, or hands Blood clots Burning with urination Change in force of stream when urinating Sexually transmitted disease Change in force of stream when urinating Sexually transmitted disease Change in force of stream when urinating Sexually transmitted disease Change in force of stream when urinating Sexually transmitted disease Change in force of stream when urinating Sexually transmitted disease Change in force of stream when urinating Sexually transmitted disease Change in force of stream when urinating Sexually transmitted disease Change in force of stream when urinating Sexually transmitted disease Change in force of stream when urinating Sexually transmitted disease Change in force of stream when urinating Sexually transmitted disease Change in force of stream when urinating Sexually transmitted disease Change in force of stream when urinating Sexually transmitted disease Change in force of stream when urinating Sexually transmitted disease Change in force of stream when urinating Sexually transmitted disease Change in force of stream when urinating Sexually transmitted disease Change in force of stream when urinating Sexually transmitted disease Change in force of stream when urinating Sexually transmitted disease Change in force of stream when urinating Sexually transmitted disease Change in sexual function or interest	Change in hearing			Genitourinary:		
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Mouth sores Sexually transmitted disease Frequent sore throats Change in sexual function or interest Voice changes Men: Prostate trouble Prostate trouble Scrotal masses Momen: Scrotal masses Pain/problems with period Coughing problems Pain/problems with period Coughing up blood Abnormal uterine bleeding Chronic cough Uterine tumors Pneumonia Neurological: Headaches Headaches Heart trouble or heart attack Numbness or tingling sensations Chest pain or angina Weakness or paralysis Shortness of breath Convulsions or seizures Palpitations Change in memory or concentration Swelling of feet, ankle, or hands Blood clots	Recent nose bleeds			Burning with urination		
Frequent sore throats Voice changes Men: Prostate trouble Scrotal masses Women: Breathing problems Coughing up blood Chronic cough Pneumonia Cardiovascular: Heart trouble or heart attack Change in sexual function or interest Men: Prostate trouble Scrotal masses Women: Pain/problems with period Abnormal uterine bleeding Uterine tumors Neurological: Headaches Numbness or tingling sensations Weakness or paralysis Convulsions or seizures Palpitations Swelling of feet, ankle, or hands Blood clots	Chronic sinus problems			Change in force of stream when urinating		
Voice changes Men: Prostate trouble	Mouth sores			Sexually transmitted disease		
Prostate trouble Respiratory: Asthma or wheezing Breathing problems Coughing up blood Chronic cough Pneumonia Cardiovascular: Heart trouble or heart attack Chest pain or angina Shortness of breath Prostate trouble Scrotal masses Women: Pain/problems with period Abnormal uterine bleeding Uterine tumors Neurological: Headaches Numbness or tingling sensations Weakness or paralysis Convulsions or seizures Change in memory or concentration Swelling of feet, ankle, or hands Blood clots	Frequent sore throats			Change in sexual function or interest		
Respiratory: Asthma or wheezing Breathing problems Coughing up blood Chronic cough Pneumonia Cardiovascular: Heart trouble or heart attack Chest pain or angina Scrotal masses Pain/problems with period Abnormal uterine bleeding Uterine tumors Neurological: Headaches Numbness or tingling sensations Weakness or paralysis Convulsions or seizures Palpitations Swelling of feet, ankle, or hands Blood clots	Voice changes			Men:		
Asthma or wheezing Breathing problems Coughing up blood Chronic cough Pneumonia Cardiovascular: Heart trouble or heart attack Chest pain or angina Shortness of breath Palpitations Swelling of feet, ankle, or hands Blood clots Women: Pain/problems with period Abnormal uterine bleeding Uterine tumors Neurological: Headaches Numbness or tingling sensations Convulsions or seizures Change in memory or concentration				Prostate trouble		
Breathing problems Coughing up blood Chronic cough Chronic cough Pneumonia Neurological: Headaches Heart trouble or heart attack Chest pain or angina Shortness of breath Palpitations Swelling of feet, ankle, or hands Blood clots Pain/problems with period Abnormal uterine bleeding Uterine tumors Neurological: Headaches Numbness or tingling sensations Weakness or paralysis Convulsions or seizures Change in memory or concentration	Respiratory:			Scrotal masses		
Coughing up blood Chronic cough Uterine tumors Pneumonia Neurological: Headaches Heart trouble or heart attack Chest pain or angina Shortness of breath Palpitations Swelling of feet, ankle, or hands Blood clots Abnormal uterine bleeding Uterine tumors Neurological: Headaches Numbness or tingling sensations Veakness or paralysis Convulsions or seizures Change in memory or concentration	Asthma or wheezing			Women:		
Chronic cough Pneumonia Neurological: Headaches Heart trouble or heart attack Chest pain or angina Shortness of breath Palpitations Swelling of feet, ankle, or hands Blood clots Uterine tumors Neurological: Headaches Numbness or tingling sensations Veakness or paralysis Convulsions or seizures Change in memory or concentration	Breathing problems			Pain/problems with period		
Pneumonia Neurological: Headaches	Coughing up blood			Abnormal uterine bleeding		
Neurological: Cardiovascular: Headaches Heart trouble or heart attack Numbness or tingling sensations Chest pain or angina Weakness or paralysis Shortness of breath Convulsions or seizures Palpitations Change in memory or concentration Swelling of feet, ankle, or hands Blood clots	Chronic cough			Uterine tumors		
Cardiovascular: Headaches Heart trouble or heart attack Numbness or tingling sensations Chest pain or angina Weakness or paralysis Shortness of breath Convulsions or seizures Palpitations Change in memory or concentration Swelling of feet, ankle, or hands Blood clots	Pneumonia					
Heart trouble or heart attack Chest pain or angina Shortness of breath Palpitations Swelling of feet, ankle, or hands Blood clots Numbness or tingling sensations Weakness or paralysis Convulsions or seizures Change in memory or concentration				Neurological:		
Chest pain or angina Shortness of breath Palpitations Swelling of feet, ankle, or hands Blood clots Weakness or paralysis Convulsions or seizures Change in memory or concentration	Cardiovascular:			Headaches		
Shortness of breath Palpitations Change in memory or concentration Swelling of feet, ankle, or hands Blood clots	Heart trouble or heart attack			Numbness or tingling sensations		
Palpitations Change in memory or concentration Swelling of feet, ankle, or hands Blood clots	Chest pain or angina			Weakness or paralysis		
Swelling of feet, ankle, or hands Blood clots	Shortness of breath			Convulsions or seizures		
Blood clots	Palpitations			Change in memory or concentration		
	Swelling of feet, ankle, or hands					
Varicose veins	Blood clots					
	Varicose veins					



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Integumentary (skin and breasts):	Yes	No	Endocrine:	Yes	No
Birth marks	100	140	Heat or cold intolerance	100	110
Recent rashes			Excess thirst or urination		
Changing moles			Thyroid problems		
Skin cancer or melanoma			Thyroid problems		
Non-healing wounds			Alloraic/Immunologic:		
Change in hair or nails			Allergic/Immunologic: Low resistance to infection		
•					
Breast pain or lump			Recent cold or flu		
Paraditatria			Environmental allergies		
Psychiatric:			Reactions to medication(s)		
Memory loss or confusion			Tetanus booster within the past 10 years		
Nervousness			Other immunizations up to date		
Depression					
Change in sleep			Hematologic/Lymphatic:		
			Easy bruising		
Musculoskeletal:			Frequent bleeding		
Joint stiffness or pain			Enlarged lymph nodes		
Muscle pain or cramping					
Weakness of muscles or joints					
Difficulty walking					
Back pain					
Please explain all "Yes" as indicated al					
Signature of person completing form			Relationship (if other than patier	nt)	
Print Name			Date Time	e	



Center for Advanced Wound Care New Patient Questionnaire

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PROVIDER DOCUMENTATION

Instructions to Attending Physician:

Your signature below indicates that you have reviewed the information contained in the entire questionnaire and that you have reviewed the pertinent key finding(s) with the patient and/or family. Key finding(s) must be summarized in your progress note, however the questionnaire may be referenced for additional details.

Attending Physician Signature/Tit	tle		
Print Name	Date	Time	
The preceding information was	s also reviewed by:		
Clinician Signature			
Print Name	Date	Time	
Translated by ☐ Translation not required	Translator #	Date	
This information was scribed in	nto the medical record by:		