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PLEASE DO NOT STAPLE

PART 1 — CLIENT INFORMATION		PART 2 — COMPLETED BY	
Policy number 40000		<input type="checkbox"/> Physician <input type="checkbox"/> Nurse	
Status number		Name	Phone number (10 digits)
Client's first name		Email	Assessment date (mm-dd-yyyy)
Client's last name		Primary diagnosis	
Birthdate (mm-dd-yyyy)			

PART 3 — WOUND CARE ASSESSMENT CHART

	WOUND #1	WOUND #2	WOUND #3	WOUND #4
Type of wound — decubitus, diabetic, peripheral vascular disease, traumatic				
Wound site				
Wound size (cm) — length, width, depth	L = W = D =	L = W = D =	L = W = D =	L = W = D =
Wound bed — necrotic %, fibrous %, granulation %				
Wound tunneling — direction and depth (1 o'clock, 2 o'clock, etc.)				
Exudate amount — 25%, 50%, 75%, 100%				
Exudates type — serous, serosanguinous, sanguinous purulent				
Odour — faint, moderate, strong				
Describe wound care treatment with types of dressing used				
Frequency of dressing change — q days, q 2 days, q 3 days, etc.				
Anticipated healing time				