

# WOUND ASSESSMENT PRINTABLE PDF

## W O U N D   A S S E S S M E N T

|                  |  |   |
|------------------|--|---|
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| NAME: _____      |  | <input type="checkbox"/> INCONTINENCE/ MOISTURE     |
| DOB: _____       |  | <input type="checkbox"/> ALTERED SENSORY PERCEPTION |
| MRN: _____       |  | <input type="checkbox"/> ALTERED NUTRITIONAL STATUS |
| DIAGNOSIS: _____ |  | <input type="checkbox"/> IMPAIRED MOBILITY          |
|                  |  | <input type="checkbox"/> OTHER: _____               |

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| LOCATION: | <input type="checkbox"/> SLOUGH  | COMMENTS:   |
| TYPE:     | <input type="checkbox"/> ESCHAR  |             |
| STAGE:    | <input type="checkbox"/> GRANULATION   |             |
| L:        |  |             |
| W:        |  |             |
| H:        |  |             |
| DRAINAGE: |  | WOUND CARE: |
| ODOR:     |  |             |
| REDNESS:  |  |             |
| PAIN:     |  |             |

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# Sample Wound Assessment Form For Doctor

**Christian G. Meyer**



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