Home Wound Care Assessment

Patient Name	
Assessment Date	
Wound Location	
Wound Type	
	•
Length (cm)	
Width (cm)	
Don'th (one)	
Depth (cm)	
Wound Appearance	
Exudate (Drainage)	
	•
Odor	1
	_
5 : 1 - 1/0 (0)	
Pain Level (0-10)	
Periwound Skin Condition	

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