



**NCH WOUND HEALING CENTERS**

**PATIENT HISTORY**

**PAST MEDICAL HISTORY AND PREVIOUS ILLNESS**

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**PROCEDURE/SURGICAL HISTORY**

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**FAMILY HISTORY**

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**SOCIAL HISTORY**

ALCOHOL \_\_\_\_\_

SUBSTANCE ABUSE \_\_\_\_\_

TOBACCO \_\_\_\_\_

**Medications/Prescriptions**

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## Allergies

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## PHYSICAL ASSESSMENT

Height: Ft. \_\_\_\_ In. \_\_\_\_      Weight (lbs): \_\_\_\_\_

### Functional

#### Sensory Deficits

Eyesight: Blindness: Left Eye  Right Eye  Uncorrected visual impairment

Hearing: Deafness: Left Ear  Right Ear

Speech: Nonverbal:  Other

### Nutritional Screen

#### Home Diet:

- Regular  Bland  Dysphagia  Low Sodium Diet  Vegetarian
- Formula Fed  Mechanical Soft Diet  Tube feeding  Breast Milk  Kosher
- No added salt  TPN  Chopped/Finger Foods  Low Cholesterol Diet  Pureed Diet
- Diabetic  Low Fat Diet  Renal  Other

#### Infectious Disease Screening

Recent Travel History **Outside of the Country:**

No Recent Travel  Last Travel within 21 days?

To where? \_\_\_\_\_

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