Supplemental Wound Profile Form

Use this form to add another wound for treatment with the Venturi Healing System.

SECTION A. PATIENT INFORMATION

Patient Name (print): _____ SS# _____

Contact Name: _____ Phone: _____

1) Is there osteromyelitis present in the wound? ☐ No ☐ Yes → Treated with: _____

2) Is there cancer in the wound? ☐ No ☐ Yes (Cancer in wound is contraindicated)

2a) If wound is more than 90 days old, has a biopsy been done? ☐ No ☐ Yes

3) Is there a fistula to an organ or body cavity within vicinity of the wound? ☐ No ☐ Yes → Check below.

Fistula type: ☐ Enteric ☐ Non-enteric (Non-enteric fistula in wound is contraindicated)

Note: *Additional medical documentation may be requested.*

SECTION B. WOUND TYPE (Check only 1 wound type below)

☐ **SURGICALLY CREATED OR DEHISCED WOUND**

☐ **PRESSURE ULCER:** ☐ **Stage III** ☐ **Stage IV**

1) Is the patient being appropriately turned / positioned? ☐ No ☐ Yes

2) If patients pressure ulcer is on the posterior trunk or pelvis has a grade 2 or 3 support service been used? ☐ No ☐ Yes

3) Are moisture and/or incontience being managed? ☐ No ☐ Yes

☐ **NEUROPATHIC ULCER (e.g., diabetic ulcer):**

1) Has pressure on the foot ulcer been reduced with appropriate modalities? ☐ No ☐ Yes

☐ **CHRONIC ULCER / MIXED ETIOLOGY PRESENT AT LEAST 30 DAYS**

1) Is pressure over the wound being relieved? ☐ No ☐ Yes

2) Is moisture / incontience being controlled? ☐ No ☐ Yes

☐ **VENOUS / ARTERIAL INSUFFICIENCY ULCER:**

1) Are compression bandages and/or garments being consistently applied? ☐ No ☐ Yes

2) Is leg elevation / ambulation being encouraged? ☐ No ☐ Yes

☐ **TRAUMATIC WOUND**

SECTION C. WOUND MEASUREMENTS (Use separate from for each wound)

Wound Location:			Wound Age in Months:
Presence of necrotic tissue with eschar? ☐ No ☐ Yes (Please obtain measurements ***after*** debridement.)			
* If yes, type of debridement: ☐ Sharp/Surgical ☐ Chemical ☐ Mechanical			Date: / /
Length: cm	Width: cm	Depth: cm	Measurement Date: / /

Is there undermining? ☐ No ☐ Yes → Complete details below	Is there tunneling / sinus? ☐ No ☐ Yes → Complete details below
Location #1 _____ cm, from _____ to _____ o'clock	Location #1 _____ cm, from _____ to _____ o'clock
Location #2 _____ cm, from _____ to _____ o'clock	Location #2 _____ cm, from _____ to _____ o'clock

Exudate Type: ☐ Serous ☐ Serosanginous ☐ Other _____

Exudate Amount: ☐ Small ☐ Moderate ☐ Large