Patient Assessment Form

Facility or Business Name:

Clinician Name: First Name | Last Name

Clinician Email Address:

Clinician Contact No:

Client Info:

Client Name: First Name | Last Init

Bed Location:

Weight: KG

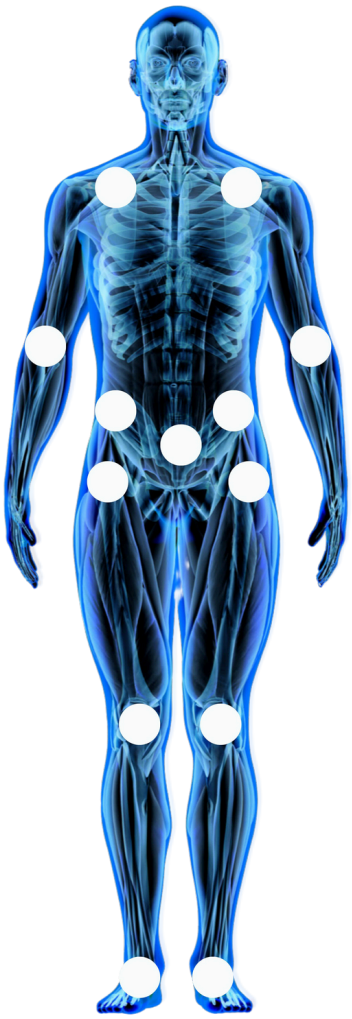
Height:

Sex:

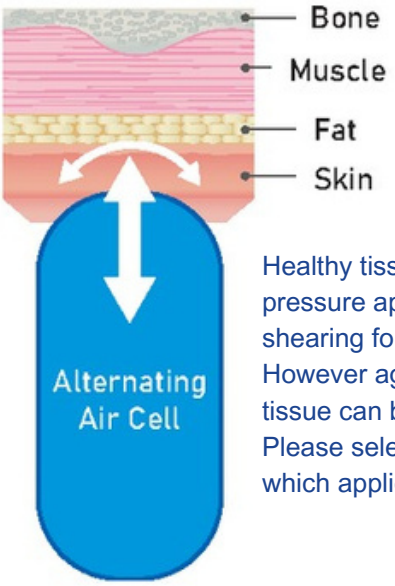
☐ Male ☐ Female

Wound Risk and Location Data:

Select therelevant body zone/s andselect which option applies.
R = "At Risk", or 1 - 4 = "Wound Stages 1 to 4"



Client's Tissue Health:



Healthy tissue can easily withstand pressure application, removal and shearing forces.
However aged, diseased or moist tissue can be at risk of breakdown.
Please select the best risk description which applies to your client.

Tissue Health:

☐ Low Risk ☐ Medium Risk
☐ High Risk ☐ Very High Risk

Client Weight Distribution

Clienthasaboveaverageweight in following areas:

☐ Upper Torso ☐ Lower Torso ☐ Legs

Is the Client an amputee? ☐ Yes ☐ No

If Yes, Indicate which part?

Total Score:

Reset Submit