



United Wound Healing

Team-Centered Wound Care.™

New Patient Intake Form

Facility Name: _____

Patient Name: _____

General Patient Information

Weight: _____ Height: _____ B/P: _____ Hospice

Past Medical History

- DM (Last A1C) _____ Venous Stasis (Last Venous Doppler) _____
 PAD (Last Arterial Doppler or ABI) _____
 Osteomyelitis Malnutrition Gen Weakness

Wounds	Location	Date Acquired	Type	Stage
1.				
2.				
3.				
4.				

**Please include additional wounds on a separate sheet.

Please fax all new patient information to 1-855-255-0905 including:

1. Completed New Patient Intake Form
2. Completed Procedure Consent Form
3. Completed Notice of Privacy Practices
4. Completed Standing Orders Form
5. Patient Face Sheet
6. History & Physical or Hospital Discharge Summary
7. Physician Order for Wound Care Consult

Faxes received by 12 noon will be processed by the next business day.

Faxes received after 12 noon will be processed within 1-2 business days.



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Consent to Wound Care Treatment

Patient Name: _____

Date of Birth: _____

Patient hereby voluntarily consents to wound care treatment by United Wound Healing and its respective employees, agents and representatives. Patient understands that this Consent Form will be valid and remain in effect from the date of signature, as long as the Patient receives care, treatment and services by United Wound Healing. Patient has the right to give or refuse consent to any proposed procedure or treatment at any time prior to its performance.

1. **General Description of Wound Care Treatment:** Patient acknowledges that United Wound Healing and/or its Wound Care Provider has explained that treatment by United Wound Healing may include, but shall not be limited to: debridements, dressing changes, biopsies, physical examinations, diagnostic procedures, laboratory work, x-rays, other imaging studies and administration of medications. Patient acknowledges that United Wound Healing and/or its Wound Care Provider has given Patient the opportunity to ask and have answered all questions regarding the treatments that may be provided by United Wound Healing and its Wound Care Providers.
2. **Benefits of Wound Care Treatment:** Patient acknowledges that United Wound Healing and/or its Wound Care Provider has explained that the benefits of wound care treatment include: enhanced wound healing and reduced risk of amputation and infection.
3. **Risks/Side Effects of Wound Care Treatments:** Patient acknowledges that United Wound Healing and/or its Wound Care Provider has explained that wound care treatment may cause side effects and risks including, but not limited to: infection, ongoing pain and inflammation, potential scarring, possible damage to blood vessels, possible damage to surrounding tissues, possible damage to organs, possible damage to nerves, bleeding, allergic reaction to topical and injected local anesthetics or skin prep solutions, removal of healthy tissues and prolonged healing or failure to heal.
4. **General Description of Wound Debridements:** Patient acknowledges that United Wound Healing and/or its Wound Care Provider has explained that wound debridement means the removal of unhealthy tissue from a wound to promote healing. During the course of treatment by United Wound Healing and/or its Wound Care Provider, multiple wound debridements may be medically necessary and will be performed by an authorized practitioner.
5. **Risks/Side Effects of Wound Debridement:** Patient acknowledges that United Wound Healing and/or its Wound Care Provider has explained that the risks or complications of wound debridement include, but are not limited to: potential scarring, possible damage to blood vessels or surrounding areas such as organs and nerves, allergic reactions to topical and injected local anesthetics or skin prep solutions, excessive bleeding, removal of healthy tissue, infection, ongoing pain and inflammation, and failure to heal.

Patient specifically acknowledges that United Wound Healing and/or its Wound Care Provider has explained that bleeding after debridement may cause rapid deterioration of an already compromised patient and could also result in dissemination of bacterial and bacterial toxins into the bloodstream and thereby cause severe sepsis. Patient also acknowledges that United Wound Healing and/or its Wound Care Provider has explained that debridement will make the wound larger due to the removal of necrotic (dead) tissue from the margin or borders of the wound.

Consent to Wound Care Treatment, page 2

The patient hereby acknowledges that he or she has read and agrees to the contents in sections 1 through 5 of this document. Patient agrees that his or her medical condition has been explained to him or her by United Wound Healing and/or its Wound Care Provider. Patient agrees that the risks, benefits, and alternatives of care provided by United Wound Healing have been discussed with Patient. Patient has read this document or had it read to him/her and understands the contents herein. The Patient has had the opportunity to ask questions and has received answers to all of his or her questions.

By signing below, Patient consents to the care, treatment, and services described in this document and orally by United Wound Healing and/or its Wound Care Provider.

Signature of Patient: _____

Date: _____ Time: _____ Facility: _____

Signature of Parent/Conservator/Guardian: _____

Name of Parent/Conservator/Guardian: _____

Date: _____ Time: _____

If signed by other than patient, indicate relationship: _____

The undersigned Wound Care Provider has explained to the Patient (or his or her legal representative), in layman's terms, the nature of the treatment, reasonable alternatives, benefits, risks, side effects, likelihood of achieving patient's goals, complications and consequences which are/or may be associated with the treatment procedure(s).

Signature of Wound Care Provider: _____

Date: _____ Time: _____

Please fax completed form to: 855-255-0905.



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Standing Orders for Wound Care Patients Seen by United Wound Healing

Patient Name: _____

Facility Name: _____ Date: _____

1. Lidocaine 4% gel ointment, apply a thin layer of lidocaine 4% topically to each wound and cover with a clear tegaderm dressing 15-30 minutes prior to each surgical wound debridement PRN.

2. Silver Nitrate to be applied to wounds status post-surgical wound debridement PRN.

Primary Care Physician Signature