

Wound Assessment Progress Note

Patient Name

Patient ID

Date

Time

Wound Location

Wound Type

Wound Stage/Grade

Length (cm)

Width (cm)

Depth (cm)

Wound Bed Appearance

Exudate

Odour

Periwound Skin

Pain (0-10)

Signs of Infection

Select

Treatment Provided

Progress/Changes Since Last Assessment

Reviewer/Clinician Name

Signature