Healdsburg Hospital
With Providence

Northern California Wound Care Patient Health Questionnaire

Date:_____

First Name:_____ Last Name: _____

Symptoms	Past Medical History	Surgical History
Symptoms you have now *Please check all that apply to you*	**Conditions previously diagnosed or treated**	**Operations/Procedures**
General Health (Constitutional Symptoms) □ Active □ Frail □ Sedentary □ Fatigue □ Fever □ Chills □ Night sweats □ Loss of appetite □ Marked weight change	□ Influenza vaccine current □ Pneumonia vaccine current □ Tetanus toxoid vaccine current □ Cachexia □ Well developed □ Malignant hyperthermia □ Malnourished □ Well nourished □ Morbid obesity □ Other:_____ □ Obesity □ Robust □ Sleep apnea	□ Indwelling Medication Pump
Allergic/Immunologic □ Hives □ Hay Fever □ Rhinitis	□ AIDS □ Epidermolysis bullosa □ HIV positive □ Immune deficiency □ Lupus □ Pyoderma gangrenosum □ Raynaud's disease □ Rheumatoid arthritis □ Polyarteritis	
Cardiovascular □ Chest Pain □ Diaphoresis □ Shortness of Breath with Exercise □ Edema □ Leg pain with exercise □ Lower extremity (leg) resting pain □ Lower Leg Swelling	□ Angina □ Arrhythmia □ Buerger's disease □ Congestive heart failure □ Coronary artery disease □ Cyanosis □ Deep vein thrombosis □ Hyperlipidemia	□ Coronary Artery Bypass Graft (CABG) □ Greenfield Filter □ Heart Transplant □ Left Ventricular Assist Device (LVAD) □ Open Heart Surgery □ Pacemaker

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□ Shortness of breath at night □ Shortness of breath when lying flat □ Palpitations □ Fainting		□ Hypertension □ Mitral valve prolapse □ Murmur □ Myocardial infarction □ Peripheral vascular disease □ Phlebitis □ Rheumatic fever □ Sternal wound infection □ Varicose veins □ Vasculitis □ Venous disease □ Venous insufficiency □ Other: _____	□ Defibrillator □ Bypass(revascularize) □ Stent Replacement □ Subfascial endoscopic perforator surgery □ Valve Replacement □ Vein Stripping □ Other:_____
Ear/Nose/Mouth/Throat □ Hearing Loss □ Post nasal drip □ Loss of smell □ Nose bleeds □ Dental problems □ Bleeding gums □ Loss of taste	□ Current infections □ Hoarseness □ Painful lymph nodes □ Frequent colds □ Sore throat □ Nasal congestion □ Difficulty clearing ears	□ Chronic Sinusitis □ Barotrauma □ Dysphagia (difficulty swallowing) □ Pharyngitis □ Sinusitis □ Hole in Eardrum □ Tinnitus (ringing in ears) □ Eustachian Tube Dysfunction □ Other:_____	□ Ear Surgery □ Myringotomy □ Pressure Equalizing/Tube Placement □ Other:_____
Endocrine □ Cold intolerance □ Heat Intolerance □ Excessive thirst □ Increased Hair	□ Excessive hunger □ Excessive urination □ Hair loss □ Other:_____	□ Adrenal Disease □ Cortisone Use □ Gestational Diabetes □ Hypothyroidism(low thyroid) □ Type I Diabetes □ Type II Diabetes □ Insulin Use □ Other:_____	□ Thyroidectomy □ Other:_____
Eyes □ Blurred vision □ Dry eyes	□ Spots □ Flashing lights □ Glasses/Contacts	□ Cataracts □ Glaucoma □ Macular Degeneration	□ Cataract Removal □ Lasik □ Other:_____

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□ Sensitivity to light □ Vision changes □ Excessive tearing	□ Eye pain □ Other:_____	□ Optic Neuritis □ Retinopathy □ Other:	
Gastrointestinal (GI) □ Bowel incontinence □ Change in bowel habits □ Indigestion □ Jaundice □ Vomiting □ Nausea □ Diarrhea	□ Constipation □ Rectal Bleeding □ Loss of appetite □ Hemorrhoids □ Acid reflux □ Bloody stools	□ Cirrhosis □ Crohn's Disease □ Diverticulitis □ Eating Disorder □ Gastric Ulcers □ Gastritis □ Gastro Esoph. Reflux Disease (GERD) □ GI Bleed □ Hemorrhoids □ Hepatitis □ Hiatal Hernia □ Pancreatitis □ Peptic Ulcer Disease (PUD) □ Ulcerative Colitis □ Radiation Proctitis □ Gastroparesis □ Colon Cancer □ Gallbladder Stones □ Other:_____ □ Fecal incontinence □ Inflammatory Bowel Disease	□ Gastrostomy □ Cholecystectomy □ Appendectomy □ Colon resection □ Colostomy □ Ileostomy □ Fistula □ Polypectomy □ Hernia Repair □ Hemorrhoidectomy □ Other:_____
Genitourinary (GU) □ Decreased force of stream □ Frequency □ Urgency □ Urinary incontinence		□ End Stage Renal Disease □ Hemodialysis □ Hypospadias □ Kidney Disease □ Kidney Stones □ Peritoneal Dialysis □ Urinary Tract Infection (UTI) □ Radiation Cystitis □ Sexually Transmitted Disease	□ Urostomy □ Kidney Transplant

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For Women: □ Irregular menstrual cycles □ Last menstrual cycle:_____ □ Pregnant □ Post-menopausal **For Men:** □ Erectile dysfunction	**For Women:** □ Abnormal Mammogram □ Abnormal PAP Test □ Menarche □ Menopause □ Miscarriage **For Men:** □ Benign Prostate Hyperplasia (BPH) □ Cordee □ Prostate Cancer □ Prostatitis □ Undescended Testicles □ Other:_____	**For Women:** □ Breast Biopsy □ Mastectomy □ Caesarian Section □ Hysterectomy □ Oophorectomy □ Tubal Ligation **For Men:** □ Prostatectomy □ Circumcision □ Other:_____
Hematologic/Lymphatic □ Bruising □ Bleeding/Clotting disorders □ Bleeding tendency □ Blood transfusion □ Enlarged lymph nodes □ Swollen glands □ Swelling	□ Anemia □ Anticoagulant Therapy □ Lipidemia □ Lymphadenopathy □ Lymphedema □ Sickle Cell Anemia □ Other:_____	□ Splenectomy □ Other:_____
Integumentary (hair/skin/nails) □ Change: hair, nails, skin □ Dryness □ Lesions □ Rash □ Skin allergies □ Sun sensitivity □ Calluses/corns □ Lumps □ Prone to skin tears □ Hyperpigmentation □ Open sore	□ Alopecia □ Eczema □ Fungal Infection □ Malignancy □ Onychomycosis □ Scleroderma □ Psoriasis □ Cellulitis □ Other:_____	□ Toenail Excision □ Skin Biopsy □ Skin Graft □ Skin Flap □ Other:_____
Musculoskeletal □ Backache □ Contractures □ Deformities □ Muscle weakness □ Assistive devices □ Joint swelling □ Joint pain	□ Arthritis □ Gout □ Hip Fracture □ Degenerative Disc	□ Achilles Tendon Lengthening □ Amputation □ Back Surgery

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□ Muscle pain □ Muscle wasting		Disease □ Osteoarthritis □ Osteomyelitis □ Osteoporosis □ Other Fracture □ Fibromyalgia □ Other:_____	□ Foot Surgery □ Implanted Surgical Hardware □ Joint Replacement □ Tendon/Ligament Surgery □ Other:_____
Neurological □ Abnormal gait □ Dizziness □ Loss of protective sensation □ Numbness □ Tingling □ Tremors □ Weakness	□ Headaches □ Paralysis □ Seizures □ Syncope □ One-sided weakness □ Memory loss	□ Aphasia □ Amyotrophic Lateral Sclerosis (ALS) □ CNS Trauma Injury □ Diabetic Neuropathy □ Epilepsy □ Head Injury / Loss of Consciousness □ Hemorrhagic Stroke □ Multiple Sclerosis □ Receptive Aphasia □ Stroke □ Transient Ischemic Attack (TIA) □ Neuropathy □ Other:_____ □ Paraplegia □ Quadriplegia	□ Other:_____
Oncologic (Cancer)		□ Cancer □ Received Chemotherapy □ Received Radiation □ Immune Therapy □ Hormone Chemotherapy	□ Other:_____
Psychiatric □ Anxiety □ Claustrophobia □ Insomnia □ Nervousness/Tension	□ Restraints □ Suicidal □ Memory loss □ Depression	□ Alzheimer's □ Anxiety □ Dementia □ Depression □ Psychosis □ Under Psychiatric Care □ Paranoia □ Schizophrenia □ Other:_____	□ Other:_____

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Respiratory □ Cough □ Hemoptysis □ Shortness of Breath □ Wheezing □ Oxygen use	□ Abnormal Chest X-Ray □ Acute Respiratory Distress Syndrome □ Aspiration □ Asthma □ Chronic Bronchitis □ COPD □ Emphysema □ Pneumonia □ Pneumothorax □ Positive TB Test □ Pulmonary Embolus □ Sleep Apnea □ Tuberculosis □ Upper Respiratory Infection □ Other:_____	□ Lung Resection □ Lung Transplant □ Thoracic Surgery □ Other:_____
Wound History □ Recent Antibiotics (Past 6 weeks) □ Wound Culture □ Topical Treatment □ X-rays □ Biopsy □ Offloading	□ Diabetic Foot Ulcer □ Gangrene □ Venous Leg Ulcer □ Numbness or Cold Feet □ Other:_____	□ Debridement(s) □ Skin Graft/ Flap □ Hyperbaric Oxygen Therapy □ Custom Shoes □ Air Mattress □ Other:_____
Family History □ Unknown History □ Eyes Cancer □ Diabetes □ Heart Disease □ Hereditary spherocytosis □ Hypertension □ Tuberculosis □ Lung disease □ Mental illness □ Seizures □ Stroke □ Thyroid □ Kidney disease		

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Social History

□ Alcohol use

□ Current tobacco use Packs/Day?_____ For how many years?_____

□ Previous tobacco use Packs/Day?_____ For how many years?_____

□ Caffeine use

□ Illicit drug use

□ Occupation:_____

□ Marital status: _____

□ Children:_____

□ Cultural, religious or language concerns:_____

□ Financial concerns:_____

□ Food, clothing, or shelter needs:_____

□ Support systems:_____

□ Transport concerns:_____

□ Object to blood products:_____

□ Unable to care for self:_____

□ Clothing, housing, and/ or denial of medical care:_____