



INITIAL INTAKE FORM
OUTCOME MONITORING SURVEY TOOL FOR PATIENT ON HOME INFUSION
A PROJECT OF THE APMA CLINICAL PRACTICE ADVISORY COMMITTEE (CPAC)

(to be completed by prescribing Podiatric Physician)

PATIENT NAME _____ **DATE** _____ **Location: State** _____

Demographics: _____ **Date of Birth** _____

Gender male female

Race Asian Caucasian Hispanic African American Native American Other

Marital status Single Married Divorced Widowed

Insurance Status Private Medicare Medicaid HMO no insurance

Past Medical History type 1 DM type 2 DM NonDM PAD Peripheral Neuropathy

prior wound infection (soft tissue, osteomyelitis) prior IV antibiotic use (diagnosis for use)

prior amputation *(indicate level)* digital forefoot midfoot rearfoot

Organ transplant *(level cont'd)* below knee above knee gangrene

prior vascular surgery prior ulcer immuno-compromised RA

HIV depressed other psychological disturbance *(list _____)*

Trauma Scleroderma Critical Limb Ischemia (CLI) Sickle Cell other

Current Medications: *(please list below)*

Allergies: _____

Review of Systems (ROS)

nausea vomiting fever chills shortness of breath

chest pain joint pain sore throat visual disturbances bowel or bladder problems

muscle weakness difficulty ambulating numbness or tingling other

Social History: smoker non-smoker smokeless tobacco alcohol use illicit drug use

Diagnosis: cellulitis post-op infection osteomyelitis infected ulceration abscess trauma

WOUND: N/A

Location: right left B/L dorsal plantar medial

rearfoot ankle leg lateral

Characteristics: depth diameter drainage margins odor base

undermining tracking induration abscess visible tendon

visible muscle visible bone probes to bone soft tissue joint bone

gangrene callus necrotic tissue purulence hyperemia

ischemic neuropathic decubitus traumatic other

Date of Onset of Wound: _____

INITIAL INTAKE FORM

(to be completed by prescribing Podiatric Physician)

Culture & Sensitivity Results: *(please list below)*

Lab Results
(list results, if any)

CBC with diff
 blood sugar
 sed rate
 C-reactive protein
 blood cultures

Physical Exam

Vascular

Pulses

normal
 diminished
 absent

CFT

WNL
 delayed

Varicosities

present
 absent

Temperature

WNL
 increased
 cooling
 hyperemia

ABI

1.0
 0.9 - 1.0
 0.7 - 0.89
 0.5 - 0.69
 < 0.5
 > 1.2

Other Vascular Exam results (TBI, TCO₂, etc.):

Edema

Pitting
 Non-pitting

Biomechanical

Bunion
 Hammertoes
 Equinus
 Pes Cavus
 Pes Planus
 Other:

Neurological

muscle strength
 reflexes
 vibratory
 5.07 filament

Dermatological

wounds
 ulcerations
 texture
 turgor
 hair growth

Height

Weight

BMI

Oral Temperature

Blood Pressure

Therapy Prescribed:

I.V. antibiotics
 PO antibiotics

Drug *(please list)*

Dose/Frequency

Duration

Adjunctive Therapy:

Wound

topical (list product used): _____
 negative pressure
 wound care clinic
 antibiotic beads other _____
 Hyperbaric Oxygen Care
 off loading *(describe)* _____
 silver _____

Notes:

Printed Name

DATE:

Signature



PATIENT VISIT DATA
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(to be completed by infusionist or nurse)

PATIENT NAME _____ PATIENT ID # _____
 DATE: _____ TIME IN: _____ TIME OUT: _____

Vital Signs:

Blood pressure _____ WNL elevated
 Temperature _____ WNL elevated
 Respirations _____ WNL elevated

Wound Characteristics:

N/A

Size 0cm - 3cm 4cm - 6cm 6cm - 10cm > 10cm

Depth superficial full thickness exposed muscle exposed tendon exposed bone

Surrounding tissue macerated red blistered undermined indurated

Odor yes no

Drainage yes no

Medication Administered:

Drug (please list) _____
Dose _____
Route of administration _____

Adjunctive therapy:

Dressing change _____
Topical medications _____

Adverse reactions/events:

N/A

venous access device complication (*choose*) infection/sepsis clot fell out

allergic reaction (*choose*) shortness of breath rash anaphylaxis

drug related side effect (*describe herein*) _____

Notes:

Next scheduled visit: _____ **DATE:** _____ **TIME:** _____

Printed Name _____

Signature _____ **DATE:** _____