Wound Care Risk Assessment Sheet – WCC Prep

MedCore PUBLISHING

Risk factor (patient / wound)	Clinical findings / notes	Impact on healing	Likelihood	Score	Current interventions / plan	Actions needed

Clinician name / role

Signature:

Date:

Additional Notes:

Further assessments / referrals needed?

- ☐ Vascular(ABI/Doppler)
- ☐ Nutrition consult
- ☐ Endocrine / DM review
- ☐ Pressure-relief surfaces
- ☐ Wound care specialist referral
- ☐ Other (please specify)