

JUVEN® WOUND ASSESSMENT FORM



Date: _____ Facility: _____

Contact Name and Title: _____

1. **Wound(s):**
 Location, stage, age of wound: _____
 Location, stage, age of wound: _____
2. **Primary medical diagnosis:** _____
3. **Vascular status:** _____
4. **Patient age:** _____
5. **Wound care regimen (prior to initiating JUVEN)**
 Nutritional supplements: _____
 Treatment protocol: _____
 Medications: _____
6. **Current dietary intake (check one)** Oral Tube fed
 Intake/24 h: Calories: _____ Protein: _____
7. **Date JUVEN was initiated:** _____
8. **Did dietary intake change once JUVEN was initiated?**
 No If Yes, how? _____

WOUND LOCATION:	Baseline Measurement Date: _____	Measurement Week 2 Date: _____	Measurement Week 3 Date: _____	Measurement Week 4 Date: _____
Patient weight				
Wound measurement (cm)				
Prealbumin (optional)				
Albumin (optional)				
JUVEN intake 2 pks/day Y/N				

ADDITIONAL WOUND LOCATION:	Baseline Measurement Date: _____	Measurement Week 2 Date: _____	Measurement Week 3 Date: _____	Measurement Week 4 Date: _____
Patient weight				
Wound measurement (cm)				
Prealbumin (optional)				
Albumin (optional)				
JUVEN intake 2 pks/day Y/N				

COMMENTS: _____

Use JUVEN under medical supervision and as part of a complete, balanced diet.

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