

# Chronic Wound Follow-up Care Summary

**Patient Name:** [Patient's Name]

**Date of Follow-up:** [Date]

**Provider Name:** [Provider's Name]

**Facility Name:** [Facility Name]

## Wound Assessment:

- **Wound Location:** [Location]
- **Wound Size:** [Size]
- **Wound Appearance:** [Description]
- **Exudate Amount:** [Exudate Level]
- **Signs of Infection:** [Yes/No]

## Current Treatment Plan:

- **Dressings Used:** [Type of Dressings]
- **Medications Prescribed:** [List of Medications]
- **Recommended Frequency of Dressing Changes:** [Frequency]

## Patient Education:

[Summary of Instructions Given to Patient]

## Next Steps:

[Recommendations for Future Care and Follow-up]

## Contact Information:

If you have any questions or concerns, please contact us at:

**Email:** [Email Address]

**Phone:** [Phone Number]

Thank you for your attention to [Patient's Name]'s care.

Sincerely,  
[Provider's Name]  
[Title]