

I. Person Reporting Problem:

Name:	Title:	Degree:	
Affiliation:			
Address:	City:	State:	Zip:
Phone:	Fax:	E-mail:	

II. Patient:

Identifier:	Age:	Gender:	Race:
Height:	Weight:	Approx No. of prior maggot treatments:	
Indication for treatment: <input type="checkbox"/> Debridement <input type="checkbox"/> Disinfection <input type="checkbox"/> Stimulation of healing <input type="checkbox"/> Other: _____ _____	Etiology of Wound <input type="checkbox"/> Pressure ulcer <input type="checkbox"/> neuro- &/or vascular foot ulcer <input type="checkbox"/> venous or other chronic leg ulcer <input type="checkbox"/> Trauma or surgery <input type="checkbox"/> Burn <input type="checkbox"/> Other _____	Description of wound Anatomic Location: Dimensions: Duration: Alternate treatment: _____	
Medical Problems: _____ _____ _____ _____ _____ _____ _____ _____		Current Medications: _____ _____ _____ _____ _____ _____ _____ _____	

III. Patient Outcome:

Select the best fit. Elaborate or explain in the narrative, below.

None
 Inconvenience
 Minor medical problem, resolved
 Major problem, requiring hospitalization and/or surgical intervention (date: _____)
 Permanent disability
 Death (date: _____)
 Congenital anomaly

Revision History:

Date Change Initiated	DCO #	Initiated by	Summary of Changes	Rev #	Date Implement	Approved by