

**Step by Step – Case follow-up Form**

**Serial Number:** \_\_\_\_\_

<b>Visit Number</b>	<b>Date</b>	<b>Wound Stage</b>	<b>Treatment performed</b>	<b>Remarks</b>

**Attachment**

**Type of Diabetes:**

Note if patient has type-1, type-2 or other form of Diabetes

**Wound Type:**

Neuropathic or Neuroischemic

**Wound Stage:**

1-6 (SSS according to Foster and Edmonds) – see Blue Book

**Site of lesion:**

Describe location of the severest lesion here; multiple lesions might be noted under "remarks" on the case follow-up form