

### Table 9.4.1 WOC Patient Caseload Update

\*\*Please *Print* or *Type* the information below.

Information covers the period of: \_\_\_\_\_ thru \_\_\_\_\_, 20\_\_\_\_\_

Today's Date: \_\_\_\_\_

Preceptor(s)	Student(s) to be Precepted

Date and Title of most recent conference attended: \_\_\_\_\_

Facility/Agency Name: \_\_\_\_\_

Primary Setting:     Inpatient             Outpatient             Home Health             LTC  
(circle one)

Secondary Setting:  Inpatient             Outpatient             Home Health             LTC  
(circle one)

Approximate number of patients visits per day: \_\_\_\_\_

Are you in a position to arrange continence clinical?             Yes             No

**Please indicate the % of average time over the past year spent in each area:**

	Primary Setting	Secondary Setting
<b>Wounds: Trunk</b> ( <i>Pressure Ulcers, Fistulae, etc.</i> )	%	%
<b>Wounds: Legs</b> ( <i>Vascular, Neuropathic, ABIs, Wraps</i> )	%	%
<b>Ostomy: Standard &amp;/or Continent Diversions</b>	%	%
<b>Continence: Restorative/Behavioral</b>	%	%
<b>Continence: Skin/Containment</b>	%	%
<b>Foot &amp; Nail Care</b>	%	%
Other:	%	%
<b>TOTAL</b>	<b>100%</b>	<b>100%</b>

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PLEASE SEND YOUR COMPLETED FORM TO:**

**FAX TO:**                    (404) 778-4778

**MAIL TO:**                **EMORY UNIVERSITY: WOCNEC**  
 C/O Cindy J Strickland, Administrative Manager  
 1365 Clifton Road, NE--Room AT 732  
 Atlanta, GA 30322-1013

**EMAIL TO:**              **LJSTRIC@EMORY.EDU**